

Emotional Disturbance

Assessment Documentation

School System _____
 Student _____

School _____
 Date of Birth ____/____/____

Grade _____
 Age _____

| 1. Definition | | |
|--|------------------------------|-----------------------------|
| <ul style="list-style-type: none"> ▪ assessment documents manifestation to a marked degree and over an extended period of time in one or more of the following areas | | |
| <ul style="list-style-type: none"> ○ inability to learn which cannot be explained by limited school experience, cultural differences, or intellectual, sensory, or health factors | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <ul style="list-style-type: none"> ○ inability to build or maintain satisfactory interpersonal relationships with peers and school personnel | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <ul style="list-style-type: none"> ○ inappropriate types of behavior or feelings when no major or unusual stressors are evident | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <ul style="list-style-type: none"> ○ general pervasive mood of unhappiness or depression | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <ul style="list-style-type: none"> ○ tendency to develop physical symptoms or fears associated with personal or school problems | | |
| <ul style="list-style-type: none"> ▪ student's ED is not due to social maladjustment (e.g., substance abuse, gang-related, oppositional defiant, and/or conduct problem behaviors). | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Evaluation Procedures | | |
| <ul style="list-style-type: none"> ▪ visual or auditory deficits ruled out as the primary cause of atypical behavior(s) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <ul style="list-style-type: none"> ▪ physical conditions ruled out as the primary cause of atypical behavior(s) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <ul style="list-style-type: none"> ▪ specific behavioral data which includes | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <ul style="list-style-type: none"> ○ documentation of previous interventions | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <ul style="list-style-type: none"> ○ evaluation of the locus of control of behavior to include internal and external factors | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <ul style="list-style-type: none"> ▪ direct and anecdotal observations over time and across various settings by three or more licensed professionals | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <ul style="list-style-type: none"> ▪ individual assessment of psycho-educational strengths and weaknesses: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <ul style="list-style-type: none"> ○ intelligence, behavior, and personality factors | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <ul style="list-style-type: none"> ○ take into account any exceptionality of the individual in the choice of assessment procedures | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <ul style="list-style-type: none"> ○ individual educational assessment (criterion- or norm-referenced) including direct measures of classroom performance to determine the student's strengths and weaknesses | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <ul style="list-style-type: none"> ○ review of past educational performance | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <ul style="list-style-type: none"> ○ comprehensive social history/assessment that includes family history, family-social interactions, developmental, medical, and school history | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <ul style="list-style-type: none"> ▪ documentation, including observation and/or assessment, of how Emotional Disturbance adversely impacts the child's educational performance in his/her learning environment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

 Signature of Psychologist

____/____/____
 Date

 Signature of Assessment Team Member

____/____/____
 Date

 Signature of Assessment Team Member

____/____/____
 Date