

# **Emotional Impairment Guidelines**

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**This guidance document reflects of efforts of many professionals within the Washtenaw Intermediate School District and the local school districts of Washtenaw County. Guidance documents from Charlevoix-Emmet Intermediate School District, Wayne RESA, and Lapeer County Intermediate School District were reviewed in order to assist in the development of this document.**

## Federal and Michigan Rules

### Federal Language from IDEA-2004, §300.8 (C)(4), states, in part:

Emotional disturbance means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance:

- A) An inability to learn that cannot be explained by intellectual, sensory, or health factors.
- B) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
- C) Inappropriate types of behavior or feelings under normal circumstances.
- D) A general pervasive mood of unhappiness or depression.
- E) A tendency to develop physical symptoms or fears associated with personal or school problems.

Emotional disturbance includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance under paragraph (C)(4)(i).

### Michigan Criteria to Determine Emotional Impairment:

R 340.1706 Emotional impairment; determination; evaluation report.

- (1) Emotional impairment shall be determined through manifestation of behavioral problems primarily in the affective domain, over an extended period of time, which adversely affect the student's education to the extent that the student cannot profit from learning experiences without special education support. The problems result in behaviors manifested by 1 or more of the following characteristics:
  - (a) Inability to build or maintain satisfactory interpersonal relationships within the school environment.
  - (b) Inappropriate types of behavior or feelings under normal circumstances.
  - (c) General pervasive mood of unhappiness or depression.
  - (d) Tendency to develop physical symptoms or fears associated with personal or school problems.
- (2) Emotional impairment also includes students who, in addition to the characteristics specified in subrule (1) of this rule, exhibit maladaptive behaviors related to schizophrenia or similar disorders. The term "emotional impairment" does not include persons who are socially maladjusted, unless it is determined that the persons have an emotional impairment.
- (3) Emotional impairment does not include students whose behaviors are primarily the result of intellectual, sensory, or health factors.
- (4) When evaluating a student suspected of having an emotional impairment, the multidisciplinary evaluation team report shall include documentation of all of the following:
  - (a) The student's performance in the educational setting and in other settings, such as adaptive behavior within the broader community.
  - (b) The systematic observation of the behaviors of primary concern which interfere with educational and social needs.
  - (c) The intervention strategies used to improve the behaviors and the length of time the strategies were utilized.
  - (d) Relevant medical information, if any.
- (5) A determination of impairment shall be based on data provided by a multidisciplinary evaluation team, which shall include a full and individual evaluation by both of the following:
  - (a) A psychologist or psychiatrist.
  - (b) A school social worker

## Summary

Consideration for eligibility must be given to the frequency, intensity, and duration of behaviors, and the behaviors must deviate significantly from student's age, gender, peer group, family norms, and culture across

different environments and across educational settings. Behavioral differences among students of diverse cultures, environments, and economic status are to be expected. The impact of these differences must be considered when behavior deviating from the norm is identified.

## Components of Emotional Impairment Rule

### Michigan Rule R340.1706(1)

*Emotional impairment shall be determined through manifestation of behavioral problems primarily in the affective domain, over an extended period of time, which adversely affect the student's education to the extent that the student cannot profit from learning experiences without special education support.*

#### **Discussion of components of R340.1706(1):**

##### **Manifestation of behavioral problems primarily in the affective domain**

The affective domain involves the influence of emotion on behavior. When social, emotional, or behavioral functioning significantly departs from generally accepted developmentally appropriate ethnic or cultural norms, it adversely affects a student's academic progress and social relationships.

##### **Over an extended period of time**

The student exhibits behavioral problems primarily in the affective domain for at least ninety (90) school days. This time period allows for potential resolution of situational trauma. It also provides an adequate time for targeted and documented general education interventions. However, the severity of certain behaviors and the danger they may pose for the student and/or others when they occur, may dictate an exception and require an abbreviated timeline. If the condition has been evident for less than three months, the multidisciplinary evaluation team should indicate a rationale that supports a reasonable expectation that the behavioral problems will continue to exist without special education intervention.

##### **Adversely affect the student's educational performance**

Social, emotional, and behavioral functioning primarily in the affective domain interferes with access and progress in the curriculum to a severe degree. The behavior must be pervasive (chronic, continuing over time) and intense (severe, acute) in comparison to peers. The adverse effect may be indicated by either reduced work production in the classroom or by lowered academic achievement. Academic failure in and of itself is not a condition to meet this threshold.

## Four Essential Characteristics of the Emotional Impairment Rule

The following are the four essential characteristics of the emotional impairment rule. At least one of the four characteristics (R340.1706(1)(a)(b)(c)(d)) is required to be present to establish eligibility.

### **R340.1706(1)(a)**

*Inability to build or maintain satisfactory interpersonal relationships within school environment*

Interpersonal relationships refer to a student's actions and reactions toward peers and adults in the school environment. Problem behaviors must be pervasive, generally affecting relationships with teachers and peers and occur over an extended period of time across settings and situations.

Examples of specific behaviors that may be used to document the presence of this characteristic include, but are not limited to the following:

- Isolates physically and/or verbally from others
- Attempts to interact with peers are unsuccessful
- Unresponsive emotionally to people (fixed expression, unengaged, no response when spoken to)
- Lacks skills to establish friends in home, school, and/or community settings
- Lacks skills to maintain socially appropriate interactive behavior with others
- Lacks skills to interact with a group (difficulty with turn-taking and playing by the rules)
- Aggressive (verbally or physically) with other students and/or adults
- Alienates others (seeks excessive approval, misperceives others intent, ascribes harmful motives to others, relentless negative remarks to others or about others)

### **R340.1706(1)(b)**

*Inappropriate types of behaviors or feelings under normal circumstances*

This characteristic refers to an extreme over reaction or under reaction to a typical situation. This characteristic (1)(b) places the emphasis on coping with daily situations, and differs from characteristic (1)(a) which identifies social skill ability related to interpersonal relationships.

Examples of specific behaviors that may be used to document the presence of this characteristic include, but are not limited to the following:

- Overreacts to everyday occurrences (rage, excessive laughter, hysterics, excessive swearing)
- Demonstrates flat, distorted, or excessive affect in response to events
- Exhibits self-abusive behaviors
- Exhibits delusions and/or hallucinations (auditory or visual)
- Exhibits intrusive or obsessive thoughts and/or compulsive behaviors
- Exhibits inappropriate sexually related behaviors
- Demonstrates persistently immature behaviors when stressed (hurts others, sucks thumb)
- Demonstrates extreme mood swings that vacillate unpredictably from one extreme to another and over which the student has no control
- Due to misperception, fails to accept responsibility for own behavior shown by a tendency to blame others and deny the behavior

### **R340.1706(1)(c)**

#### *General pervasive mood of unhappiness or depression*

Demonstration of this characteristic is pervasive across various settings. A *pervasive* mood of unhappiness is one that negatively impacts a student's ability to function within the school and other settings. Noncompliant behaviors (e.g., inattention, aggression) may mask typical symptoms of depression.

Examples of specific behaviors that may be used to document the presence of this characteristic include, but are not limited to the following:

- Decreased or lack of interest or pleasure in previously enjoyed activities
- Expresses excessive guilt and/or self-criticism (feels worthless, guilty about past mistakes)
- Exhibits increased isolation from peers and/or family
- Expresses feelings of extreme sadness or suicidal ideation (preoccupied with death through drawings, poems, journaling)
- Predicts failure or refuses to attempt tasks (projects hopelessness)
- Demonstrates agitation or lethargy (restless, tired, irritable, frustrated, angry)
- Demonstrates activities of self-harm (cuts, self-tattoos, bangs head, slams fist)
- Difficulty concentrating and/or making effective decisions most of the time (incomplete tasks)

### **R340.1706(1)(d)**

#### *Tendency to develop physical symptoms or fears associated with personal or school problems*

Psychological or emotional factors could be causing the physical symptoms or fears that interfere with school performance. Under this criteria, there is evidence or a strong presumption that the physical symptoms are linked to psychological factors.

Examples of specific behaviors that may be used to document the presence of this characteristic include, but are not limited to the following:

- Exhibits extreme:
  - Physical reaction in response to a specific stimuli (increased heart rate, sweating, shaking)
  - Anxiety (diffuse) not associated with a specific stimuli (unable to make a decision, unable to act, situations avoided or endured with extreme distress)
  - Panic reactions to everyday occurrences
- Exhibits intense, disabling anxiety often reaching panic proportions of a feared situation (persistently avoids use of toilet or locker room, avoids school)
- Exhibits physical and/or somatic complaints in anticipation of and/or during situations stressful to the student (upset stomach, diarrhea, headache, frequent request to go home because ill, wetting self)

**Note:** The examples provided within sections (a)-(d) are not exhaustive, but are suggested as behaviors that might fall into the characteristics of the emotional impairment rule. It is important for school personnel to identify *pervasive patterns* rather than *discrete behaviors*, and consider behavioral deficits or excesses (too much, too often, too little). This criterion does not include behaviors which are a direct result of alcohol or substance abuse, or reactions to recent situational circumstances.



## Exclusionary Factors

### Overview of Social Maladjustment

#### R340.1706(2)

Emotional impairment also includes students who, in addition to the characteristics specified in subrule (1) of this rule, exhibit maladaptive behaviors related to schizophrenia or similar disorders. The term "emotional impairment" does not include persons who are socially maladjusted, unless it is determined that the persons have an emotional impairment.

Behaviors that bring a child to the point of referral are often the same whether the child is socially maladjusted and/or has an emotional impairment. The term "social maladjustment" is an educational concept that has not been defined on the federal or state level. A refinement of the concept is derived from a combination of educational and clinical literature and practice as well as administrative decisions and court interpretations. The intent of the law is to exclude children from special education eligibility who are **solely** socially maladjusted and not those who **also** have an emotional impairment.

Social maladjustment is conceptualized as a conduct problem, in which students choose not to conform to socially acceptable rules and norms. Students with social maladjustment demonstrate knowledge of school/social norms and expectations and consistently demonstrate a pattern of intentionally choosing to break rules and violate norms of acceptable behavior. Youth appear unmotivated to change behavior despite intervention. Students with social maladjustment view rule breaking as normal and acceptable. Thus, intentionality is the distinguishing feature between social maladjustment and emotional impairment.

Examples of characteristics that may be used to document the presence of social maladjustment include, but are not limited to the following:

- Extensive peer relationship within a select peer group (clique of people with shared values)
- Exploits others with charm or intimidation in order to achieve ends (bullies, threatens, extorts)
- Reaction to situations with appropriate affect but lacks appropriate guilt (insincerity, "I stole that item because it is overpriced")
- Refusal to admit mistakes even when caught in the act (blatantly denies behavior)
- Inflated positive self-concept (narcissistic, "rules don't apply to me")
- Lack of empathy and little remorse (casts self as the victim even though the perpetrator, "I didn't hurt him that badly.", "He deserved it.", "I warned him.")
- Chooses wrong, even though understands right from wrong (violates code of conduct, deliberately destroys property, breaks laws)
- Rationalizes behavior and minimizes impact of nonviolent acts (cheats, lies, steals)

**Note:** In considering this exclusionary factor, it is important to recognize that intentionality requires a level of cognition and developmental maturity which is typically beyond the capacity of young children.

## **Additional Exclusionary Factors**

### **R340.1706 (3)**

Emotional impairment does not include students whose behaviors are primarily the result of intellectual, sensory, or health factors.

When gathering information for an evaluation it is necessary to determine that the student's behaviors are not primarily the result of intellectual, sensory or health factors. If the student exhibits behaviors that are primarily the result of intellectual, sensory, or health factors, other areas of special education eligibility must be considered. Michigan rule R340.1715(4) indicates that autism spectrum disorder may exist concurrently with other diagnoses or disability. However, Michigan special education rules prohibit emotional impairment eligibility if the student meets autism spectrum disorder criteria.

## Pre-referral Process

Special education intervention typically follows a pre-referral process before leading to referral for evaluation. This process often involves observations, meetings, and professional discussions related to a child's educational performance. Interventions often include short trials of targeted teacher support, behavior systems, and/or testing or performance assessments.

Response to Intervention (RtI) is an approach and strategy that shifts this process to ensure that consideration of eligibility for special education services is consistently connected to a child's response to effective instruction in the general education classroom. In an RtI model, primary responsibility for intervention prior to special education referral rests with the classroom teacher in collaboration with other school staff. The RtI framework requires use of research-based effective teaching practices, matching classroom instruction to personal needs, monitoring of progress over time, analysis of data, and involvement of families. This model, which can be implemented in a variety of ways, promises to reduce special education referrals arising from concerns that could be, but are not currently, addressed through general education classroom instruction.

The value of the use of RtI to a local school district may include:

- More efficient use of staff resources in special education evaluation
- Increased collaboration between and among general education and special education staff
- Increased documentation of quality intervention and its effectiveness prior to referral
- More focused planning for the success of individual students
- Increased accountability for use of best teaching practices

## Effective Instruction

Ensuring all students have access to effective instruction is a component of all special education evaluations. However, measuring effective instruction can be a difficult task for the MET.

Part B of IDEA stipulates that a child must not be determined to be a child with a disability if:

- The determinant factor for that determination is:
  - Lack of appropriate instruction in reading, including the essential components of reading instruction (as defined in section 1208(3) of the ESEA<sup>2</sup>);
    - ESSENTIAL COMPONENTS OF READING INSTRUCTION (ESEA section 1208(3)- The term 'essential components of reading instruction' means explicit and systematic instruction in
      - (A) phonemic awareness;
      - (B) phonics;
      - (C) vocabulary development;
      - (D) reading fluency, including oral reading skills; and
      - (E) reading comprehension strategies.
  - Lack of appropriate instruction in math

Components of effective instruction have been researched for decades and include teacher effectiveness, environmental factors, appropriateness of materials, and so on. Daggett (2014) reported that teaching is the

single most important element of effective instruction. Six broad elements are included under his model of teaching:

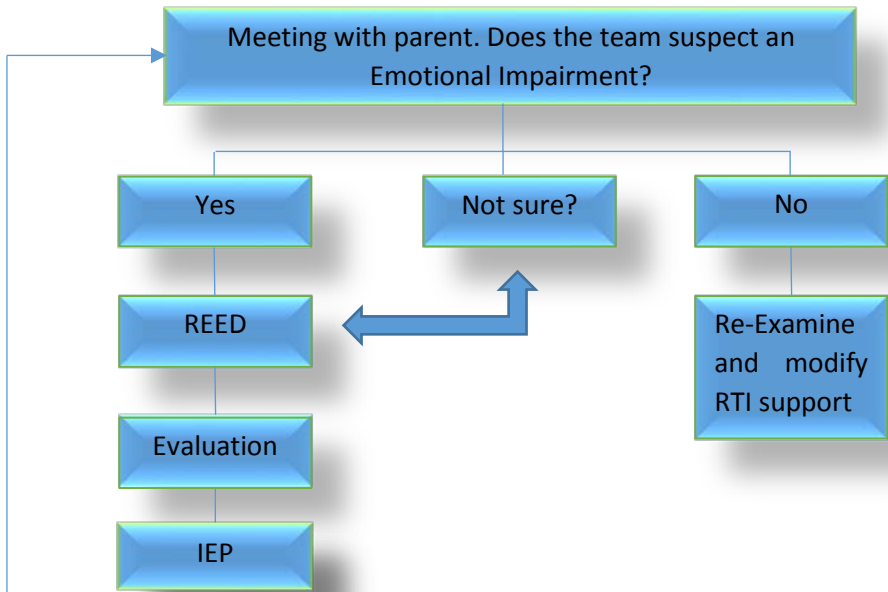
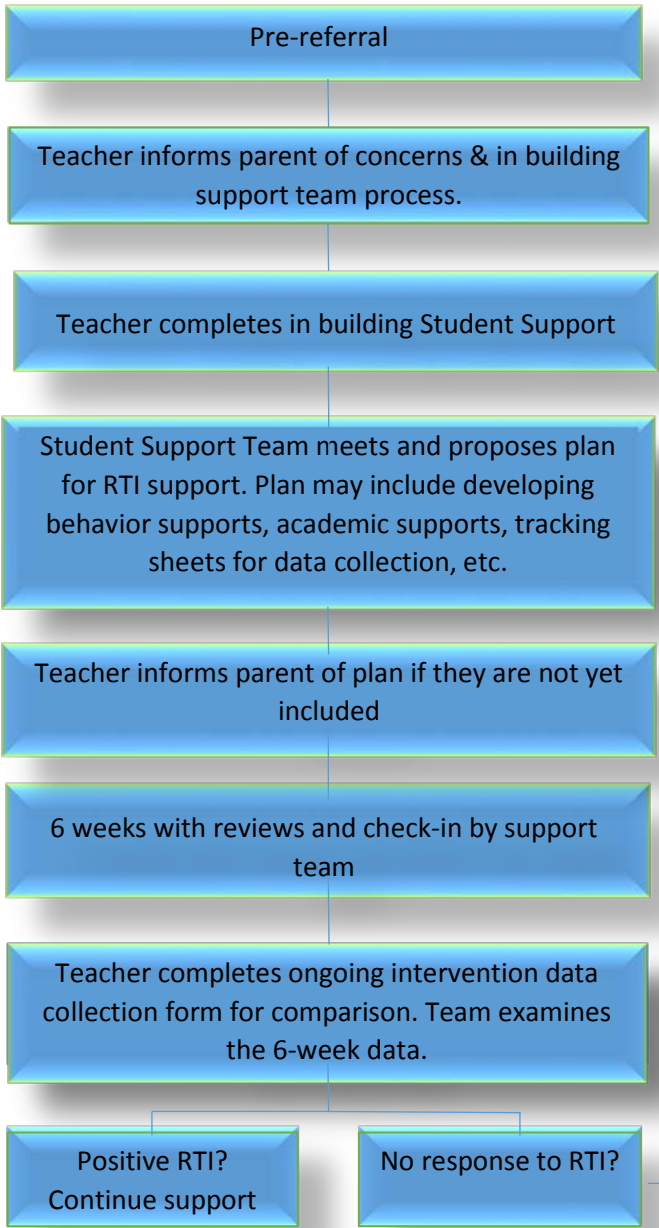
- Build effective instruction based on rigorous and relevant expectations
- Create and implement an effective learner environment that is engaging and aligned to learner needs
- Possess and continue to develop content area knowledge and make it relevant to the learner
- Plan and provide learning experiences using effective research-based strategies that are embedded with best practices, including the use of technology
- Use assessment and data to guide and differentiate instruction
- Further content and instructional knowledge through continuous professional learning that is both enriching and collaborative

Children who receive effective instruction early and intensively, can achieve at substantial academic and social levels. When behavioral concerns are present, the need for effective instruction is magnified. The Michigan State Board of Education's Positive Behavior Support Policy (Sept. 2006) reported:

The educational community must provide a system that will support students' efforts to manage their own behavior and assure academic achievement. An effective behavior system is a proactive, positive, skill-building approach for the teaching and learning of successful student behavior. Positive behavior support systems ensure effective strategies that promote pro-social behavior and respectful learning environments. Research-based positive behavior support systems are appropriate for all students.

Use of positive behavior supports should be embedded within our school culture. Use of a multi-tiered system helps ensure that students' needs are appropriately met. A positive behavior support system includes the following:

- Systematic, direct, differentiated, and engaging social behavior instruction
- Multiple tiers of intervention in both the academic and behavioral domains
- A functional assessment of learning and behavior
- A problem-solving process that utilizes data to inform decisions
- A data-based effort that concentrates on adjusting the system to support the student
- Progress monitoring of the student's response to interventions and fidelity of implementation



## Special Education Referral Process

There are two types of referrals:

- As an outcome of a student support team process
- Direct referral without the benefit of a pre-referral:
  - o Written request from the parent **and** district determines an evaluation is necessary
  - o Team members suspect a disability

Referral as an outcome of a student support team process:

- It is recommended that before a student is referred for an evaluation, the school team (ie., Child Study Team, Student Assistance Team, etc.) complete the following:
  - o Discuss concerns in a team meeting
  - o Gather teacher input
  - o Gather parent input
  - o Gather baseline data regarding the behavior(s) of concern
  - o Design and implement interventions for the behavior(s) of concern
    - Interventions should be implemented for at least 6 weeks and data should be gathered throughout
    - Adjustments should be made to the intervention(s) accordingly
- As determined by the team and intervention process, if the student is not making adequate progress, then a special education referral may be considered.
- If the student is displaying positive gains with the interventions and supports that have been put into place, the team can continue with the intervention plan and adjust supports as needed.

If the school receives a written request for an evaluation from the parent/guardian, the team must respond to the parent/guardian within 10 school days with the Prior Written Notice form regardless of whether or not the team determines an evaluation is necessary. If an evaluation is determined necessary, request written consent to evaluate using the Review of Existing Evaluation Data & Evaluation Plan (REED) form.

If the team suspects that a student has a disability, a special education referral must be made.

### Guidance for Addressing Input from Outside Reports:

Parents may have pertinent information and reports from outside sources and are encouraged to share this with the multidisciplinary evaluation team for consideration during the evaluation process. While recommendations from outside agencies may be clinically meaningful and important to consider, they may not be consistent with Michigan Administrative Rules for Special Education eligibility requirements. A comprehensive special education evaluation is required in order to determine eligibility for special education. Private evaluations which may include Diagnostic and Statistical Manual of Mental Disorders (DSM) diagnoses do not by themselves qualify a student for an emotional impairment.

## Evaluation Process

**REED:** An evaluation for Emotional Impairment begins with a Review of Existing Evaluation data (REED) and evaluation plan. Existing data includes information obtained from school records, information from parents and teachers, observations, intervention history, and any other relevant sources of information.

**MET members:** A full and individual evaluation for a suspected emotional impairment must minimally include a school social worker and a psychologist or psychiatrist on the multidisciplinary evaluation team (MET).

INFORMATION REQUIRED	EXAMPLES OF DATA SOURCES
<p><b>Performance in school and other settings</b> MET members will gather information to determine the pervasiveness of emotional/behavioral difficulties &amp; overall emotional functioning.</p>	<ul style="list-style-type: none"> <li>• Teacher Interview</li> <li>• Parent &amp; Student Interviews</li> <li>• Behavior Rating Scales</li> <li>• Adaptive Behavior Scales</li> <li>• Attendance &amp; Discipline History</li> </ul>
<p><b>School-related abilities and performance</b> MET members will review records and assess achievement levels to determine how the suspected disability may impact school performance. Cognitive measures may be used to assess learning profiles &amp; rule out intellectual disability.</p>	<ul style="list-style-type: none"> <li>• Cumulative File Review</li> <li>• Norm Referenced Tests</li> <li>• Curriculum Based Assessments</li> <li>• Classwork &amp; Grades</li> <li>• Report Card History</li> </ul>
<p><b>Systematic observation of primary interfering behaviors</b> MET members will directly observe and document student performance using multiple observations in relevant settings.</p>	<ul style="list-style-type: none"> <li>• Documented Observational Data</li> <li>• Functional/Motivational Assessment Questionnaires</li> </ul>
<p><b>Behavior intervention strategies</b> MET members will review interventions implemented prior to the evaluation &amp; the student’s response to these interventions. MET members will consider the fidelity, quality and duration of interventions.</p>	<ul style="list-style-type: none"> <li>• Teacher Reports</li> <li>• Review of intervention data</li> </ul>
<p><b>Educationally relevant medical information</b> MET members will obtain health, medical and clinical history.</p>	<ul style="list-style-type: none"> <li>• Health and Developmental History</li> <li>• Review of medical; mental health; vision/hearing reports</li> </ul>
<p><b>Information from parents</b> MET members will obtain information including, but not limited to: developmental, school and social history; patterns of behavior; outside agency or support services; student’s strengths/areas of interest.</p>	<p>Parent Interviews</p> <ul style="list-style-type: none"> <li>• Checklists &amp; Questionnaires</li> <li>• Rating Scales</li> <li>• Outside Agency Reports</li> </ul>

The evaluation process is designed to assure that students are properly evaluated and determined to be eligible as a student with an emotional impairment. The multidisciplinary team must rule out other factors that may impact behavior, including intellectual, sensory or health factors. Based on a comprehensive assessment, the multidisciplinary team will recommend the eligibility that best describes the student's behavior. Michigan Administrative Rules for Special Education indicate that a student cannot be eligible for Autism Spectrum Disorder if the student's educational performance is adversely affected primarily due to an Emotional Impairment.

### **Redetermination of Eligibility:**

A review of eligibility is required every 3 years. A redetermination may be conducted at an earlier date if it appears that the student's emotions and behaviors are no longer adversely impacting educational performance or a change in eligibility should be considered.

A Review of Existing Evaluation Data and Evaluation Plan will be completed prior to a reevaluation for special education IEP. The REED and Evaluation Plan will indicate if additional data is needed to determine:

1. Whether the child continues to have a disability
2. The student's present level of academic achievement and developmental needs
3. Whether the student continues to need special education and related services
4. Whether any additions or modification to special education are needed to meet IEP Goals and Objectives

If additional data is determined to be necessary, updated assessments are included on the evaluation plan.



**Examples of Assessment Tools:**

The Multidisciplinary Team determines which assessments are needed to determine eligibility. Examples of possible assessments include:

Formal Assessment Type	Formal Assessment Tools
Cognitive assessment (administered by the school psychologist)	Current Editions: Wechsler, Kaufman, Woodcock-Johnson measures of intelligence; Cognitive Assessment System; Differential Ability Scale; Bayley Scales of Infant and Toddler Development
Achievement Assessment (typically administered by the school psychologist and/or other qualified staff such as a teacher consultant)	Current Editions: Wechsler, Kaufman, Woodcock-Johnson measures of academic achievement; Test of Early Written Language; Test of Early Reading Skills; Test of Early Mathematic Skills; Test of Written Language; KeyMath
Rating Scales (typically conducted by the school social worker and/or school psychologist)	Current Editions: Behavior Assessment System for Children; Achenbach; Vineland; Adaptive Behavior Assessment System; Beck Depression Inventory; Beck Anxiety Inventory; Differentiated Scales of Social Maladjustment and Emotional Disturbance; Scale for Assessing Emotional Disturbance; Piers-Harris Children’s Self-Concept Scale; Child Depression Inventory; Screen for Child Anxiety Related Disorders
Systematic Direct Observation (typically conducted by the school social worker and/or school psychologist)	-Must complete at least 2 separate observations -Observations in multiple settings
Review of Information (medical, educational, other background information)	-Review of CA-60, interventions, medical documentation, or other relevant information
Parent/Guardian Input	-Information regarding the student concerns, developmental history, home behaviors and needs, etc.
Teacher Input	-Information regarding the student’s performance in the classroom (educational, social, behavioral, etc.)
Medical Reports	-Information regarding any documented medical or mental health conditions

## Guidance for Determining Extent of Adverse Impact on Educational Performance

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

Criteria	Age Typical	Mild Impact	Moderate Impact	Significant Impact
(a) Inability to build or maintain satisfactory interpersonal relationships within school environment	<p>T-Score in Normal range on Social Skills scale (or like scale) on behavior checklists</p> <p>Documented Observations: Frequency of Age appropriate social interactions= 90%+</p> <p>Interviews: Able to maintain stable relationships with <input type="checkbox"/> Peers <input type="checkbox"/> Adults As reported by all sources for 90+ days.</p>	<p>T-Score in Mild elevation range on Social Skills scale (or like scale) on behavior checklist</p> <p>Documented Observations: Frequency of Age appropriate social interactions 80-90%</p> <p>Interviews: Difficulties maintaining stable relationships with <input type="checkbox"/> Peers <input type="checkbox"/> Adults As reported by 1 source for 90+ days.</p>	<p>T-Score in At Risk range on Social Skills scale (or like scale) on behavior checklist</p> <p>Documented Observations: Frequency of age appropriate social interactions 60-80%</p> <p>Interviews: Difficulties maintaining stable relationships with <input type="checkbox"/> Peers <input type="checkbox"/> Adults As reported by 2+ sources for 90+ days.</p>	<p>T-Score in Significant range on Social Skills scale (or like scale) on behavior checklist</p> <p>Documented Observations: Frequency of age appropriate social interactions below 60%</p> <p>Interviews: Difficulties maintaining stable relationships with <input type="checkbox"/> Peers <input type="checkbox"/> Adults As reported by 3+ sources for 90+ days.</p>
(b) Inappropriate types of feelings or behaviors under normal circumstances	<p>T-Score 59 &amp; below on clinical scales of behavioral checklists</p> <p>Documented Observations: Frequency of inappropriate behaviors (over or under reaction to typical situations)= less than 10% during observations</p> <p>Interviews: Minimal difficulty regulating emotions in age appropriate manner reported by informants</p>	<p>T-Score 60-64 on clinical scales of behavioral checklists</p> <p>Documented Observations: Frequency of inappropriate behaviors (over or under reaction to typical situations)= 10-20% during observations</p> <p>Interviews: Difficulty regulating emotions in age appropriate manner for 90+ days reported by 1 source</p>	<p>T-Score 65-69 on clinical scales of behavioral checklists</p> <p>Documented Observations: Frequency of inappropriate behaviors (over or under reaction to typical situations)= 20-40% during observations</p> <p>Interviews: Difficulty regulating emotions in age appropriate manner for 90+ days reported by 2+ sources</p>	<p>T-Score 70 &amp; above on clinical scales of behavioral checklists</p> <p>Documented Observations: Frequency of inappropriate behaviors (over or under reaction to typical situations)= more than 40% during observations</p> <p>Interviews: Difficulty regulating emotions in age appropriate manner for 90+ days reported by 3 + sources</p>
(c) General pervasive mood of unhappiness or depression	<p>T-Score in average range on depression scales (or like scales) as rated by 1+ sources</p> <p>Interviews/Observations: Mood and affect are typical for age &amp; circumstances for at least 90 school days.</p>	<p>T-Score in high average range on depression scales (or like scales) as rated by 1+ sources</p> <p>Interviews/Observations: Unhappy mood/sad affect occur one or less times per month as reported by 1+ sources for at least 90 school days.</p>	<p>T-Score in elevated or at risk range on depression scales (or similar scales) as rated by 2+ sources</p> <p>Interviews/Observations: Unhappy mood/sad affect occur two or more times per month as reported by 1+ sources for 90+ school days</p>	<p>T-Score in clinically significant range on depression scales (or similar scale) as rated by 2+ sources</p> <p>Interviews/Observations: Unhappy mood/sad affect occur multiple times in a week or day as reported by 1+ sources for 90+ school days</p>

**Guidance for Determining Extent of Adverse Impact on Educational Performance (continued)**

Criteria	Age Typical	Mild Impact	Moderate Impact	Significant Impact
(d) Tendency to develop physical symptoms or fears associated with personal or school problems	Physical symptoms or fears reported less than 3 x per year.  T-Score in Normal range on Somatic Symptom, Anxiety, or similar scale on behavior checklists	Physical symptoms or fears reported 1-2 times per month.  T-Score in Mild elevation range on Somatic Symptom, Anxiety, or similar scale on behavior checklists	Physical symptoms or fears reported 3-4 times per month.  T-Score in At Risk range on Somatic Symptom, Anxiety, or similar scale on behavior checklists	Physical symptoms or fears reported multiple times per day or week.  T-Score in Significant range on Somatic Symptom, Anxiety, or similar scale on behavior checklists
DSM-V Diagnosis:	<input type="checkbox"/> Yes (Dx: _____) <input type="checkbox"/> No <input type="checkbox"/> Unknown			
Attendance	Number of Days Absent: _____			
Behavioral problems adversely affect the student's educational performance to the extent that the student requires special education	T-score 59 & below on School/Learning Problems Indexes (or similar scales) on behavioral rating scales  Grades: All grades are A,B, C or satisfactory  Discipline referrals: 1 or less per year  Suspensions: 1 or less  Standardized Academic Achievement measures: at or above 25% rank	T-Score 60-64 on School/Learning Problems Indexes (or similar scales) on behavioral rating scales  Grades: Grades of A,B, C, D or progressing  Discipline referrals: 2-3 per year  Suspensions: 2 or less  Standardized Academic Achievement measures: 10 <sup>th</sup> to 24 <sup>th</sup> % rank	T-Score 65-69 on School/Learning Problems Indexes (or similar scales) on behavioral rating scales  Grades: One or more F (E), or needs improvement  Discipline referrals: 4-6 per year  Suspensions: 3 or less  Standardized Academic Achievement measures: 6 <sup>th</sup> -9 <sup>th</sup> % rank	T-Score 70 & above on School/Learning Problems Indexes (or similar scales) on behavioral rating scales  Grades: Mostly D, F, (E), or unsatisfactory  Discipline referrals: more than 6 per year  Suspensions: more than 3  Standardized Academic Achievement measures: At or below 5 <sup>th</sup> % rank

**\*Special Educational Eligibility should only occur if the overall impact on educational performance is moderate or significant in one or more area(s).**

# APPENDIX

# Problem Solving Team Data Recording Sheet

*To be completed by teacher*

<b>Student Name</b>	<b>Grade</b>	<b>Teacher</b>	<b>Date</b>
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*Please plan to comment on the following areas (2-3 minutes)*

<u>Prioritize areas of concern</u>	<u>Example</u>

## READING

### DRA

End of previous year	September	November	January	March	May

### NWEA

Fall	Winter	Spring

### Sight Words

September	November	January	March	May

### *Comments about area of concern*

<b>WRITING</b>								
<b>Writing Rubric Score</b>								
<b>Fall</b>			<b>Winter</b>			<b>Spring</b>		
<b>Content/ Ideas</b>	<b>Organization/ Style</b>	<b>Conventions</b>	<b>Content/ Ideas</b>	<b>Organization/ Style</b>	<b>Conventions</b>	<b>Content/ Ideas</b>	<b>Organization/ Style</b>	<b>Conventions</b>
<b><i>Comments about area of concern</i></b>								

<b>Math</b>		
<b>NWEA</b>		
<b>Fall</b>	<b>Winter</b>	<b>Spring</b>
<b><i>Comments about area of concern</i></b>		

## Behavior Concerns

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## Previous Support

Grade	Support Person	Frequency & Dates	Area of focus

To be completed by the Problem Solving Team  
after team referral meeting.

**12 MINUTE STUDENT SUPPORT PLAN**

Student Name	Grade	Teacher	Meeting Date(s)
<b>Participants</b>			

**PROBLEM IDENTIFICATION**  
2 Minutes



**BRAINSTORMING**

6 Minutes

**CLUSTER & PRIORITIZE**

2 Minutes

**ASSIGN RESPONSIBILITIES/ACTION PLAN**

2 Minutes

Who	Will do What	By When	Status/Progress

**Meeting Review Date:**

*\*Adapted from Chelsea Public Schools*

## Social Emotional/Academic Teacher Questionnaire

Name: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_ Date: \_\_\_\_\_

Complete by: \_\_\_\_\_

Circle: PRE/POST

**Instructions:** For each of the items below, check only if the student has had a significant problem relative to typical peers in the class in the past two weeks.

<p>In the area of <b>ATTENTION</b>, this student:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Is easily distracted by other students or events</li> <li><input type="checkbox"/> Has difficulty following instruction</li> <li><input type="checkbox"/> Often does not seem to listen (pay attention)</li> <li><input type="checkbox"/> Is "spacey", in own world, often daydreams</li> </ul>	<p>The setting in which these behaviors occur:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Classroom</li> <li><input type="checkbox"/> Hallway</li> <li><input type="checkbox"/> Lunchroom</li> <li><input type="checkbox"/> Gymnasium</li> <li><input type="checkbox"/> Other (please specify)_____</li> </ul>	<p>Mild → Extreme</p> <p>1   2   3   4   5</p>
<p>In the area of <b>IMPULSIVENESS</b>, this student:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Has difficulty waiting his/her turn</li> <li><input type="checkbox"/> Often blurts out</li> <li><input type="checkbox"/> Shifts excessively from one activity to another</li> <li><input type="checkbox"/> Has difficulty remaining quiet</li> <li><input type="checkbox"/> Often rushes through assignments</li> </ul>	<p>The setting in which these behaviors occur:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Classroom</li> <li><input type="checkbox"/> Hallway</li> <li><input type="checkbox"/> Lunchroom</li> <li><input type="checkbox"/> Gymnasium</li> <li><input type="checkbox"/> Other (please specify)_____</li> </ul>	<p>Mild → Extreme</p> <p>1   2   3   4   5</p>
<p>In the area of <b>MOTOR ACTIVITY</b>, this student:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Has difficulty staying seated</li> <li><input type="checkbox"/> Fidgets excessively</li> <li><input type="checkbox"/> Is excessively restless, always on the go</li> <li><input type="checkbox"/> Is far less active than most others in class</li> <li><input type="checkbox"/> Works very slowly</li> </ul>	<p>The setting in which these behaviors occur:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Classroom</li> <li><input type="checkbox"/> Hallway</li> <li><input type="checkbox"/> Lunchroom</li> <li><input type="checkbox"/> Gymnasium</li> <li><input type="checkbox"/> Other (please specify)_____</li> </ul>	<p>Mild → Extreme</p> <p>1   2   3   4   5</p>
<p>In the area of <b>ORGANIZATION/PLANNING</b>, this student has:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Difficulty organizing belongings (supplies, books)</li> <li><input type="checkbox"/> Difficulty organizing and completing class work</li> <li><input type="checkbox"/> Difficulty organizing and completing homework</li> <li><input type="checkbox"/> Difficulty planning short-term projects (up to 1 week ahead)</li> <li><input type="checkbox"/> Difficulty planning long-term projects (more than 1 week ahead)</li> </ul>	<p>The setting in which these behaviors occur:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Classroom</li> <li><input type="checkbox"/> Hallway</li> <li><input type="checkbox"/> Lunchroom</li> <li><input type="checkbox"/> Gymnasium</li> <li><input type="checkbox"/> Other (please specify)_____</li> </ul>	<p>Mild → Extreme</p> <p>1   2   3   4   5</p>
<p>In the area of <b>COMPLIANCE</b>, this student:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Often loses temper</li> <li><input type="checkbox"/> Often argues with adults</li> <li><input type="checkbox"/> Often actively defies or refuses adult requests or rules</li> <li><input type="checkbox"/> Often blames others for own mistakes</li> <li><input type="checkbox"/> Is often touchy or easily annoyed by others</li> <li><input type="checkbox"/> Is overly passive</li> <li><input type="checkbox"/> Is excessively submissive to others</li> </ul>	<p>The setting in which these behaviors occur:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Classroom</li> <li><input type="checkbox"/> Hallway</li> <li><input type="checkbox"/> Lunchroom</li> <li><input type="checkbox"/> Gymnasium</li> <li><input type="checkbox"/> Other (please specify)_____</li> </ul>	<p>Mild → Extreme</p> <p>1   2   3   4   5</p>
<p>In the area of <b>MOOD</b>, this student:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Worries excessively</li> <li><input type="checkbox"/> Shows marked self-consciousness</li> <li><input type="checkbox"/> Often needs reassurance</li> <li><input type="checkbox"/> Has a marked inability to relax</li> <li><input type="checkbox"/> Exhibits feelings of worthlessness or excessive guilt</li> <li><input type="checkbox"/> Is easily frustrated, gives up easily</li> <li><input type="checkbox"/> Often becomes angry and loses temper</li> <li><input type="checkbox"/> Frequently withdrawals from others</li> <li><input type="checkbox"/> Frequently gets into fights</li> </ul>	<p>The setting in which these behaviors occur:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Classroom</li> <li><input type="checkbox"/> Hallway</li> <li><input type="checkbox"/> Lunchroom</li> <li><input type="checkbox"/> Gymnasium</li> <li><input type="checkbox"/> Other (please specify)_____</li> </ul>	<p>Mild → Extreme</p> <p>1   2   3   4   5</p>

<p>In the area of <b>SOCIAL INTERACTION</b>, this student:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Acts in an overly dominating manner with peers</li> <li><input type="checkbox"/> Gets too excitable; overwhelms classmates</li> <li><input type="checkbox"/> Does not pay attention to important social cues</li> <li><input type="checkbox"/> Overacts to minor events</li> <li><input type="checkbox"/> Argues with peers</li> <li><input type="checkbox"/> Misperceives actions of others as being hostile</li> <li><input type="checkbox"/> Teases or is overly critical of others</li> <li><input type="checkbox"/> Is excessive shy, quiet</li> <li><input type="checkbox"/> Is very passive, submissive</li> <li><input type="checkbox"/> Withdrawals from others</li> </ul>	<p>The setting in which these behaviors occur:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Classroom</li> <li><input type="checkbox"/> Hallway</li> <li><input type="checkbox"/> Lunchroom</li> <li><input type="checkbox"/> Gymnasium</li> <li><input type="checkbox"/> Other (please specify)_____</li> </ul>	<p>Mild → Extreme</p> <p style="text-align: center;">1   2   3   4   5</p>
<p>In the area of <b>ACADEMIC SKILLS</b>, this student has:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Difficulty with reading</li> <li><input type="checkbox"/> Difficulty with math</li> <li><input type="checkbox"/> Difficulty with spelling</li> <li><input type="checkbox"/> Difficulty with communicating in written language</li> <li><input type="checkbox"/> Difficulty with oral communication</li> <li><input type="checkbox"/> Other (please specify)_____</li> </ul>	<p>The setting in which these behaviors occur:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Classroom</li> <li><input type="checkbox"/> Hallway</li> <li><input type="checkbox"/> Lunchroom</li> <li><input type="checkbox"/> Gymnasium</li> <li><input type="checkbox"/> Other (please specify)_____</li> </ul>	<p>Mild → Extreme</p> <p style="text-align: center;">1   2   3   4   5</p>

Previous supports and strategies or consequences/disciplinary measures (check all that apply):

- Modified assignments
- Modified schedule
- Small group/individual academic instruction
- Break card/self-time out
- Change in seating
- Multi-sensory approach
- Small group/individual social skill instruction
- Practice/role play new coping strategies
- Increased positive attention from adults
- Time out
- Parental notification
- In school suspension
- Reprimand/warning
- Referral to the office
- Loss of privilege
- Out of school suspension
- Other:

Which, if any, have data that demonstrates success?

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List other observations/concerns/information you have regarding this student. Attach data and sources.

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## Social Emotional Severity Checklist

Date: \_\_\_\_\_

Student: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Interviewer: \_\_\_\_\_

Teacher 1: \_\_\_\_\_

Teacher 2: \_\_\_\_\_

Directions: Rate the intensity of behaviors in the boxes below. If a specific behavior is not observed, please indicate NO (Not Observed) in the box.

Behavior	Parent					Teacher 1					Teacher 2				
	Mild	→	Extreme			Mild	→	Extreme			Mild	→	Extreme		
<b>AGGRESSION</b>															
Biting	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Hair Pulling	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Head Butting	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Property Destruction	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Hitting	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Spitting	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Swearing	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Bullying	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Verbal Aggression	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Kicking	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Scratching	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Other:	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Other:	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5

<b>DEVELOPMENTAL</b>															
	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Clingy	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Self-care	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Problem focusing	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Disruptive	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Does not listen to teacher	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Does not listen to parent	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Cries for parent/guardian	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Trouble with sharing	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Withdrawn	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
High activity level	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Impulsive	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Difficulty with play	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Does not seek adult help	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Poor rejection skills	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Rejected by peers	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Does not except "no"	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Other:	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Other:	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5

Behavior	Parent					Teacher 1					Teacher 2				
	Mild → Extreme					Mild → Extreme					Mild → Extreme				
<b>REGULATORY</b>															
Adjusts to change	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Sleeps/rests as needed	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Toileting problems	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Feeding/eating difficulties	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Controlling	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Running away	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Self-regulation	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Gaze aversion	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Irritable	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Other:	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Other:	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5

<b>PHYSICAL</b>															
Hearing problems	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Speech difficulties	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Vision problems	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Gross motor difficulties	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Fine motor difficulties	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Chronic ear infections	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Elevated blood lead levels	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Other:	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Other:	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5

<b>SENSORY</b>															
Perseveration	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Repetitive speech	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Sensitivity to sounds/touch	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Personal space	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Under-responsive to stimuli	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Excessive touching of things	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Twirling/spinning	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Easily distracted	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Other:	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Other:	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5

<b>EXTERNALIZED BEHAVIOR</b>															
Inappropriate Sexual behaviors	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Fearful	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Risky behaviors	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Unusual body movements	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Visual/auditory hallucinations	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Self-mutilation	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Depressed affect	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Oppositional/defiant	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Other:	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5

## Task Engagement Observation System

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Interval time (30 seconds, 1 min, 2 min etc.): \_\_\_\_\_ Time Observation Began: \_\_\_\_\_ Concluded: \_\_\_\_\_

Interview Codes (adapted from Shaprio, 1996): **(ET)** = **engaged time** if no off-task behaviors occur at any time during the interval, **(m)** = off task **motor** behavior, **(v)** = off task **verbal** behavior, **(p)** = off task **passive** behavior

Student	Peer	Student	Peer	Student	Peer	Student	Peer	Student	Peer
ET m v p	ET m v p	ET m v p	ET m v p	ET m v p	ET m v p	ET m v p	ET m v p	ET m v p	ET m v p
ET m v p	ET m v p	ET m v p	ET m v p	ET m v p	ET m v p	ET m v p	ET m v p	ET m v p	ET m v p
ET m v p	ET m v p	ET m v p	ET m v p	ET m v p	ET m v p	ET m v p	ET m v p	ET m v p	ET m v p
ET m v p	ET m v p	ET m v p	ET m v p	ET m v p	ET m v p	ET m v p	ET m v p	ET m v p	ET m v p
ET m v p	ET m v p	ET m v p	ET m v p	ET m v p	ET m v p	ET m v p	ET m v p	ET m v p	ET m v p
ET m v p	ET m v p	ET m v p	ET m v p	ET m v p	ET m v p	ET m v p	ET m v p	ET m v p	ET m v p
ET m v p	ET m v p	ET m v p	ET m v p	ET m v p	ET m v p	ET m v p	ET m v p	ET m v p	ET m v p
ET m v p	ET m v p	ET m v p	ET m v p	ET m v p	ET m v p	ET m v p	ET m v p	ET m v p	ET m v p
ET m v p	ET m v p	ET m v p	ET m v p	ET m v p	ET m v p	ET m v p	ET m v p	ET m v p	ET m v p
ET m v p	ET m v p	ET m v p	ET m v p	ET m v p	ET m v p	ET m v p	ET m v p	ET m v p	ET m v p
ET m v p	ET m v p	ET m v p	ET m v p	ET m v p	ET m v p	ET m v p	ET m v p	ET m v p	ET m v p
ET m v p	ET m v p	ET m v p	ET m v p	ET m v p	ET m v p	ET m v p	ET m v p	ET m v p	ET m v p
ET m v p	ET m v p	ET m v p	ET m v p	ET m v p	ET m v p	ET m v p	ET m v p	ET m v p	ET m v p
ET m v p	ET m v p	ET m v p	ET m v p	ET m v p	ET m v p	ET m v p	ET m v p	ET m v p	ET m v p
ET m v p	ET m v p	ET m v p	ET m v p	ET m v p	ET m v p	ET m v p	ET m v p	ET m v p	ET m v p

Scoring: Calculate the percentage of engagement for target child and peers (**# of intervals with ET/# of total intervals**)

Target child ET = \_\_\_\_\_ Peer group comparison = \_\_\_\_\_

## Scatterplot

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Date(s): \_\_\_\_\_ Observer: \_\_\_\_\_

Behavior(s) of Concern: \_\_\_\_\_

\_\_\_\_\_ Additional relevant information: \_\_\_\_\_

Code used (if any): \_\_\_\_\_

Setting or Class	Times or Intervals	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date	Total Times Observed

### Observation Notes

(e.g., specific circumstances under which the behavior occurred, particular antecedents that triggered the behavior, times/conditions during which the behavior does not occur, patterns observed, etc.)

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# Scatter Plot Data Sheet

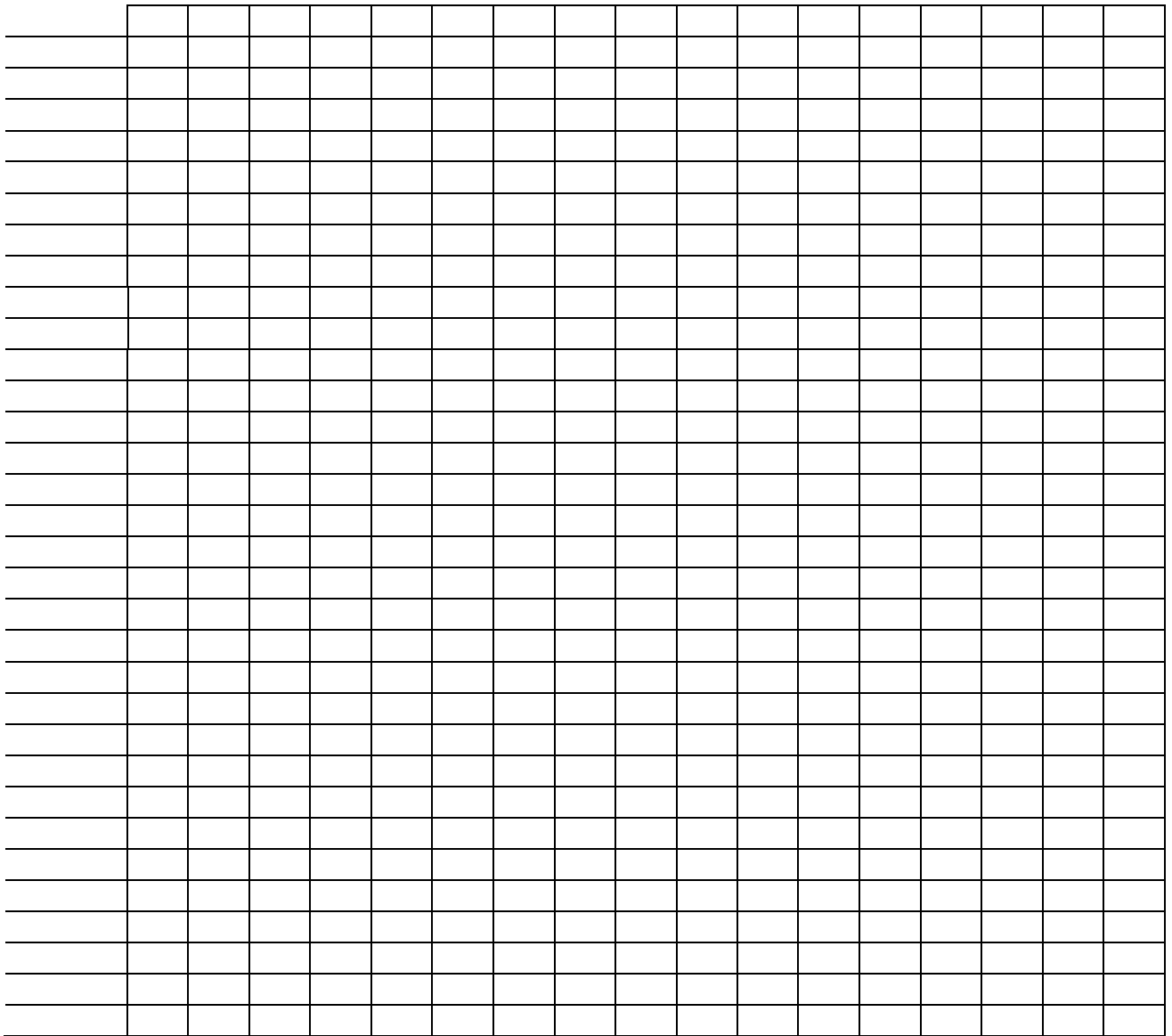
Name: \_\_\_\_\_

Starting Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_

**Time of Day**



**Successive Day**

ABC-R Form

Student: \_\_\_\_\_

**Circle One:** Mon Tue Wed Thurs Fri  
**Full day Half Day (AM/PM)**

Date: \_\_\_\_\_

Time (Begin-End)	Context/Activity	Antecedent/ Setting Events	Identified Target Behaviors	Consequence/ Outcome	Student Reaction	Staff Initials

**KEY**

	A.	A.	A.	A.	A. Stopped	
	B.	B.	B.	B.	B. Continued	
	C.	C.	C.	C.	C. Intensified	
	D.	D.		D.	D.	
	E.	E.		E.	E.	
	F.	F.		F.	F.	
	G.	G.		G.	G.	
	H.	H.		H.	H.	
	I.	I.		I.	I.	
	J.	J.		J.	J.	
	K.	K.		K.	K.	
	L.	L.		L.	L.	

# BEHAVIORAL ASSESSMENT FORM: COMMON ENTRIES

<b>Context</b>	<b>Antecedent</b>	<b>Behaviors</b>	<b>Consequences/Outcome</b>	<b>Student Reaction</b>
Assembly	Transition	(List identified	Choice given	Stopped (set criteria)
Academics	Denied Access	target behaviors)	Redirection	Continued (set criteria)
Art	Instruction/Directive		Discussion of behavior by staff	Intensified (set criteria)
Bathroom	New Task	<b>LIMIT NUMBER</b>	Personal space given	Slept
Break	Teacher attention to others	<b>OF BEHAVIORS</b>	Changed/delayed/stopped activity	Apologized
Bus Area	Told 'No'	<b>TO 3</b>	Natural consequence	Cried
CBI	Waiting		Ignored	Other behavior
Centers	Corrective Feedback		Peer attention	Moved away/left room
Choice	Routine Task		Verbal reprimand	Self-stimulation
Computer Lab	Choice Given		Physical prompt	
Gym/P.E	Physical Prompt		Withholding Reinforcement	
Group (large, small, whole)	Redirection		Removal of materials	
Hallway	Attempt to communicate		Sent home	
Home Living	Down time		Office Referral	
Individual Work	Close physical proximity		Time-out	
Leisure	Non-demand Interaction w/others		Physical Restraint	
Library/media	Nonparticipation		Mechanical Restraint	
Lunchroom/Cafeteria	Environmental Changes			
Music	Physical Symptoms			
Outside/Playground	Vocal Distress			
Pre-vocation	Previous Incident			
Rest	Displays non-targeted behavior(s)			
Snack	Challenge/teasing from other student			
Speech	Cursing/inappropriate language			
Story				

## Intervention Log

Student's name: \_\_\_\_\_

Classroom: \_\_\_\_\_

Date Initiated	Date Terminated		
Reason for Intervention (Target Behavior)			
Description of Intervention			
Level of Success for Intervention (Please Circle One)			
Behavior Improved	Behavior Worsened	Behavior Same	Behavior Changed
Notes:			

Date Initiated	Date Terminated		
Reason for Intervention (Target Behavior)			
Description of Intervention			
Level of Success for Intervention (Please Circle One)			
Behavior Improved	Behavior Worsened	Behavior Same	Behavior Changed
Notes:			