Educational Information Tool for School-based Counseling and Mental Health Services							
Reason for referral:	What has been tried in the classroom:						
How to complete this form: • More than one teacher should be involved in completing the form • Answers to the survey should reflect the teacher(s) experience with the student over the last three months							
1) Date tool was completed:	<u></u>						
2) Student Name: 3) Student ID:N/A							
4) Please identify the period of time this concern has been present:							
 5) This tool was filled out by: □ an individual teacher 6) Please check if you are a: □ general education teacher 							
7) How many months has this student been in your class or classes (write in number of months): 8) How well do you know this child?							
CLASSROOM FUNCTIONING Never= Display of this fu	nctional behavior never occurs						

Sometimes= Display of this functional behavior occurs less than one time per week Frequently=Display of this functional behavior occurs between one to four times a week Always= Display of this functional behavior occurs daily or more than one time per day

Always - Display of this functional behavior occurs using of more than one time per day					
SECTION I: Based on your expectations of children in your classroom, please indicate the extent to which the above student	Never	Sometimes	Frequently	Always	Not Applicable
11) Attends school regularly	1	2	3	4	N/A
12) Completes class assignments and homework on time	1	2	3	4	N/A
13) Works independently	1	2	3	4	N/A
14) Gets upset or shuts down when asked to do something	1	2	3	4	N/A
15) Student sulks or seems down	1	2	3	4	N/A
16) Completes subjects with a passing grade	1	2	3	4	N/A
17) Participates in classroom discussions and activities	1	2	3	4	N/A
18) Pays attention in class	1	2	3	4	N/A
19) Appears helpless and gives up easily or doesn't try	1	2	3	4	N/A
20) Has friends	1	2	3	4	N/A
21) Engages in socially appropriate behavior with peers	1	2	3	4	N/A
22) Engages in socially appropriate behavior in unsupervised settings	1	2	3	4	N/A
23) Engages in appropriate classroom behavior with adults	1	2	3	4	N/A

SECTION II:		Never	Sometimes	Frequently	Always	Not Applicable
24)	Student worries about being judged by peers.	1	2	3	4	N/A
25)	Student participates in lessons that are differentiated for all students through out the day.	1	2	3	4	N/A
26)	Student complains about being sick and makes frequent requests to go to the office.	1	2	3	4	N/A
27)	The student is given individual accommodations to meet his/her learning needs.	1	2	3	4	N/A
28)	Interactions between student and teacher occur at frequencies similar to other students in the classroom.	1	2	3	4	N/A
29)	Student exhibits disruptive behavior in the classroom.	1	2	3	4	NA
30)	Student exhibits aggressive behavior toward other students.	1	2	3	4	NA
31)	Student exhibits defiant or oppositional behaviors toward authority figures.	1	2	3	4	NA
32)	Student follows directions independently.	1	2	3	4	NA
33)	Student engages in negative/pessimistic talk.	1	2	3	4	NA
34)	Student completes work independently.	1	2	3	4	NA
35)	Student exhibits anxiety, worry or fear.	1	2	3	4	NA
36)	Student transitions between activities and environments independently.	1	2	3	4	NA
37)	Student withdraws from participating in activities or interacting with others.	1	2	3	4	NA
SEC	SECTION III		Sometimes	Frequently	Always	Not Applicable
	Students needs academic assistance in excess of ne assistance expected with classroom instruction	1	2	3	4	NA
39)	This student needs behavioral interventions beyond the classroom routine	1	2	3	4	NA

ACADEMIC PERFORMANCE

40) Has student repeate	ed a grade (please circle)?	YES NO							
41) Is child's overall per	rformance commensurate with	n his/her ability (please cir	rcle)? YES NO	0					
42) Please rate the student's academic performance (circle one):									
Failing (GPA 0-59%)	Below Average (GPA 60-69%)	Average (GPA 70-79%)	Above Average (GPA 80-89%)	Superior (GPA 90-100%)					
43) Number of students	s in your class:								
44) How often is this student in your classroom (please circle)?									
50% of less of day	51-100% of day	2-3 times per week	Once a week	Less than once a week					

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