

1. Has this student received any special services this school year (If so, please estimate the number of hours per week in the space provided next to the particular service)?

- 1. No
- 2. Speech/language
- 3. Occupational Therapy (OT)
- 4. Physical Therapy (PT)
- 5. Special Education
- 6. Behavioral/Emotional
- 7. Adaptive Physical Education
- 8. Gifted and Talented
- 9. Counseling Sessions
- 10. Other (please describe)
- 11. Not sure

2. Is there a teacher's aide in any of this child's classes?

- 1. No
- 2. Yes, assigned to this child
- 3. Yes, but not assigned to this child

3. Has this student had any of the following assistance this year (select as many as apply)?

- 1. No
- 2. Social Skills Group
- 3. Conflict Resolution
- 4. Preferential Seating
- 5. Tutoring
- 6. Individualized Education Plan (IEP)
- 7. 504 Plan
- 8. Psychological Testing
- 9. Educational Testing (Individual)
- 10. Other (Please describe)
- 11. Not sure

4. Has this student had any of the following disciplinary actions this year (if so, please estimate the number of occurrences since the start of this school year in the box next to the specific disciplinary action)?

- 1. No
- 2. Office referrals
- 3. Suspensions (In School)
- 4. Suspensions (Out of School)
- 5. Expulsions
- 6. Other (please describe)
- 7. Not sure

5. How would this student be classified? (Select the **primary disability category**--one choice only).

NOTE: Attention Deficit Disorder [ADD] or Attention Deficit Hyperactivity Disorder [ADHD] cannot be designated under the primary category.

- 1. No disability
- 2. Autism
- 3. Deaf-blindness
- 4. Developmental delay (ages 3-9)
- 5. Emotional disturbance
- 6. Hearing impairment/deafness
- 7. Mental retardation
- 8. Multiple disabilities
- 9. Orthopedic impairment
- 10. Specific learning disability
- 11. Speech or language impairment
- 12. Traumatic brain injury
- 13. Visual impairment/blindness
- 14. Other health impaired (specify)

6. Select the **secondary disability category** (mark all that apply.)

- 1. No disability

- 2. Autism
- 3. Deaf-blindness
- 4. Developmental delay (ages 3-9)
- 5. Emotional disturbance
- 6. Hearing impairment/deafness
- 7. Mental retardation
- 8. Multiple disabilities
- 9. Orthopedic impairment
- 10. Specific learning disability
- 11. Speech or language impairment
- 12. Traumatic brain injury
- 13. Visual impairment/blindness
- 14. Other health impaired (specify)
- 15. Attention Deficit Disorder (ADD)
- 16. Attention Deficit Hyperactivity Disorder (ADHD)
- 17. Other (specify)
- 18. Don't know

7. Has this student spent any portion of his/her time this school year being served in a **general education classroom (regular class)**? *(including preschool)*

- 1. Yes
- 2. No
- 3. Do not know