

Emotional Disturbance

Assessment Documentation

School District _____
 Student _____

School _____
 Date of Birth ___/___/___

Grade _____
 Age _____

1. Definition		
<ul style="list-style-type: none"> ▪ assessment documents manifestation to a marked degree and over a long period of time in one (1) or more of the following areas: 		
<ul style="list-style-type: none"> ○ inability to learn that cannot be explained by 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 under normal circumstances 	<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 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> ▪ The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance 		
2. Evaluation Procedures		
<ul style="list-style-type: none"> • vision and hearing 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"> • review and documentation of previous research/evidence-based interventions that target identified concerns and occur over a period of time 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> • documentation that the characteristics associated with Emotional Disturbance have existed for an "extended period of time" 	<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 (3) or more licensed professionals 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> ○ documentation that the characteristics associated with Emotional Disturbance occur at a significantly different frequency, intensity, and/or duration than the substantial majority of typical school peers 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> • evaluation of cognitive skills 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> • behavior and social-personal factors (to include self-rating scales when developmentally appropriate) 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> • evaluation of academic skills 	<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 	<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 	<input type="checkbox"/> Yes	<input type="checkbox"/> No

 Signature of Assessment Team Member

 Role

____/____/____
 Date

____/____/____

Signature of Assessment Team Member

Role

Date

Signature of Assessment Team Member

Role

____/____/____
Date

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____/____/____
Date