

**CHILDPLUS DISABILITIES REPORTING FORM (following a Family/Child Staffing)**

To: ASA

Child's name: \_\_\_\_\_

From: \_\_\_\_\_

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

**Notes: The Disabilities Alert List is used for detail documentation of all aspects of the IEP process. With each IEP, give a copy of IEP goals to classroom teacher.**

Computer entry for a child with a) a parental concern or b) a failed screening, for whom a referral will not be made

\_\_\_ **Child passed first screening. Uncheck disability concern** since the child passed screening and we have no other concerns as documented on the Family/Child Staffing form. *Report #3540 indicated that parent had a concern.*

\_\_\_ **Child's screening showed a concern**

\_\_\_ **A. School screened and stated that they had no concerns** as documented on the Family/Child Staffing form AND on the Parent Contact/Transaction form OR a form developed to communicate with the school

ASA: Status: change to: Passed First Meeting (*keep initial date*); 2) Results: add P W/MTG

\_\_\_ **B. Passed re-screening later and we have no further concerns** as documented on the Family/Child Staffing meeting form. ASA: Health Section 1) Status: change to P - Pass (*keep initial date*); 2) Results: add P W/MTG

\_\_\_ **C. Child failed first screening and failed second screening.** The consensus of the **parent(s)**, as documented on a Parent Contact/Transition form and Family/Child Staffing Team as documented on the Family/Child Staffing meeting form is that a referral would not be appropriate (e.g. shyness, environment, etc.).

ASA: Health Section 1) Status: change to P - Pass (*keep initial date*); 2) Results: add P W/MTG

\_\_\_ **D. Parent refused.** It is the 4<sup>th</sup> Family/Child Staffing meeting and parent is still not comfortable having their child receive services as documented on a Parent Contact/Transaction form on the following date: \_\_\_\_\_

ASA: Health section: 1) **Check: Needs Formal Evaluation**; 2) **Add Action**→Action type:

Treatment→Action Date: see above→Status: Parent Refused Treatment; 3) **Check: "Treatment Received for Chronic"**; 4) *If Disabilities Concern tab is checked*→uncheck.

Computer entry for child with an IEP

\_\_\_ Has an **updated copy of IEP** dated \_\_\_\_\_.

ASA: *Enter date on Disabilities IEP tab and then go to Health and update IEP date in treatment tracking overriding the old IEP.*

\_\_\_ Has a **copy of new IEP** dated \_\_\_\_\_. [Fill in information below.]

ASA: *Fill in the 'Area Support Assistant Information' below as well.*

The diagnostic condition is (check *only one* unless you talked with Disabilities Specialist):

- |                          |   |   |
|--------------------------|---|---|
| ___ Autism               | ___ Hearing Impairment                          | ___ Orthopedic Impairment                 |
| ___ Deaf/Blind           | ___ including deafness                          | ___ <b>Speech or language</b>             |
| ___ Emotional/Behavioral | ___ Learning Disabilities                       | ___ Traumatic Brain Injury                |
| ___ Health Impairment    | ___ <b>Non-categorical/ developmental delay</b> | ___ Visual impairment including blindness |

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**AREA SUPPORT ASSISTANT INFORMATION**

**Disability Section for new IEPs**

1<sup>st</sup> tab- Concerns: Check "An area of concern has been identified." (Nothing else)

2<sup>nd</sup> tab – Diagnosis: Fill in all red print **plus** fill in the 'Specific Condition' box **if** the diagnosis is not self-explanatory.

3<sup>rd</sup> tab – Fill in only red print.

4<sup>th</sup> tab – Fill in only red print with a **C**.

**OTHER HEALTH STATUS CODES USED**

*All require checking box "Treatment Received for Chronic Condition." This means that the treatment process has been started.*

A – Treatment scheduled after program closed

D – Treatment Discontinued, Dropped

E – Evaluation complete, no treatment needed (only if school actually evaluated child)

**Health Section for new IEPs – crucial for PIR**

A. If Failed with IEP,

Health page→Health Needs→ check: Follow-Up Assessment→

EDIT ACTION

1) Action Type: **F** – Follow-Up

2) Event Date: *Date of IEP*

3) **Check:** Treatment Received for Chronic Condition **Check both development & speech** for failed scores.

B. If Passed screen, yet there is an IEP, in addition to above:

1) Status: change to F

2) Results: add F W/MTG keeping DIAL score and date.

**Enter this information and nothing else. Shred once information has been entered.**