

Brockton Public Schools Guidance Department Clinical Consultation Team Request

This form is available for on-line submission at www.JeffTurley.com/brockton

Instructions:

1. Please complete the form and gather the requested reports/additional information.
2. Copy for your own file, then send the package to Joanne O'Brien at Brockton Public Schools Guidance Department central office.
3. The clinical consultation team will meet to review the request and will be in contact regarding next steps.

Student's Last Name	
Student's First Name	
DOB	
Grade	
School	
Respondent's Name	
Role/relationship to student	
Date information completed	

Parental Notification	<p>Parents must be notified that the student has been referred to the clinical consultation team. Has the parent been notified?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>Date notified:</p>
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Reason for Referral

<p>Medical Evaluation</p>	<p>Is a psychiatric evaluation requested? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Has the student's primary care provider been consulted for evaluation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is the student insured for an evaluation outside of the school department? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Reasons that evaluations could not be done in the community:</p>
<p>Current school setting</p>	<p><input type="checkbox"/> Mainstream without IEP or 504</p> <p><input type="checkbox"/> Accommodations for other health condition (504)</p> <p><input type="checkbox"/> IEP in an inclusion setting</p> <p><input type="checkbox"/> IEP with pull-out services for moderate special needs</p> <p><input type="checkbox"/> IEP in a substantially separate classroom</p> <p><input type="checkbox"/> IEP in a separate therapeutic school</p> <p><input type="checkbox"/> IEP in residential placement</p> <p><input type="checkbox"/> Out of home placement (without IEP)</p> <p><input type="checkbox"/> Specify other:</p>
<p>Is the student making effective academic progress?</p>	<p>Choose the option that best describes this student's academic performance</p> <p><input type="checkbox"/> Working at or above grade level (no marked impairments in learning)</p> <p><input type="checkbox"/> Working at grade level but substantially below tested abilities</p> <p><input type="checkbox"/> Working below grade level (marked impairments in learning)</p> <p>Comments about educational progress:</p>

Clinical supports	Please describe any school-based services currently provided (individual counseling, skills groups, behavioral modification):
Treatment	Check all that apply: <input type="checkbox"/> Community-based therapist? If yes, provide name and agency <input type="checkbox"/> Community-based psychiatrist? If yes, provide name and agency <input type="checkbox"/> Hospitalization or day treatment? If so, provide details Current Diagnosis: Current Medications: Notes regarding outside services (compliance, etc)

Agency Involvement	<ul style="list-style-type: none"><input type="checkbox"/> Department of Mental Health (DMH)<input type="checkbox"/> Department of Social Services (DSS)<input type="checkbox"/> Department of Youth Services (DYS)<input type="checkbox"/> Child in Need of Service (CHINS)<input type="checkbox"/> Probation<input type="checkbox"/> Department of Mental Retardation (DMR)<input type="checkbox"/> Other community supports (Boys and Girls Club, YMCA, Cape Verde Association)
Social factors	Briefly describe any known social or situational factors that might be having an impact on school functioning:

Behavioral Observations: rate behaviors and add your comments

N=Never, S=Sometimes, O=Often A=Almost Always

	N	S	O	A	Comments
Hits or punches others when angry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Threatens to hurt or kill others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hurts self or threatens to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bullies others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fights with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Runs away from staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vandalizes property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sexually harasses or abuses others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Plays with fire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other dangerous behavior: (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N	S	O	A	Comments
Talks back to adults, refuses to follow commands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Easily frustrated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Angry, sullen, resentful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Spiteful, mean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Annoys others deliberately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Blames others for his/her mistakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other defiant behavior: (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Appears depressed, unhappy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Physical symptoms or fears associated with school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Confused about reality vs. fantasy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hearing or seeing things others can't	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Behaves oddly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has trouble relating to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Odd movements or mannerisms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Avoids eye contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Refuses to talk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please note any additional concerns, comments, or observations pertinent to the clinical consultation here:

Punch List:

	Yes	No	Date	Comments
Educational Planning Team (please attach EPT form)				
Functional Behavioral Assessment (data gathering form)				
Behavioral Support Plan				
Behavioral Support Plan revision				
Psychologist Consultation/Observation				
Testing Reports (special education and regular education)				
Report cards				
IEP or 504 plan				
Behavioral Assessment System for Children (BASC-2)				
Individual Student Support Plan (ISSP)				

The referral will not be processed without these signatures:

Dates

Building Administrator

School Psychologist

School Adjustment Counselor

- Send this signed form and hard copies of additional requested data to Joanne O'Brien at Brockton Public Schools Guidance Department central office.**
- The clinical consultation team will meet to review the request and will be in contact regarding next steps.**