Request for Consultation (PDF Version)

This form can be completed on-line at <u>www.JeffTurley.com</u>

Student Name		DOB	Grade
Respondent	School	Role	Date:
Consultation Questions:			
Academic Progress (choose from	below)		
Effective progress/grade level			
Grade level but below abilities			
Ineffective progress/below grade	level		
Current School Supports:			
Disabilities Determined:		Placem	nent
Community Supports/treatment:	:		
Diagnoses:			
Meds:			
Pertinent social factors:			

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Behavioral Observations: rate behaviors and add your comments

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

	Ν	S	0	Α	Comments
Hits or punches others when angry					
Threatens to hurt or kill others					
Hurts <i>self</i> or threatens to					
Bullies others					
Bullied by others					
Starts fights with peers					
Runs away from staff					
Vandalizes property					
Sexually harasses or abuses others					
Plays with fire					
Other dangerous behavior					
Talks back					
Refuses to follow directions					
Easily frustrated					
Angry, sullen, resentful					
Spiteful, mean					
Annoys others deliberately					
Blames others for his/her mistakes					
Other defiant behavior: (specify)					
Trouble paying attention					
Trouble completing tasks					
Forgetful or disorganized					
Hyperactive					
Impulsive					
Appears depressed, unhappy					
Fears associated with school					
Physical complaints					
Visits the nurse					
Elated					
Confused about reality vs. fantasy					
Hearing or seeing things others can't					
Behaves oddly					
Has trouble relating to others					
Odd movements or mannerisms					
Avoids eye contact					
Refuses to talk					
Odd or perseverative interests					

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

Available Documentation: attach reports

	Yes	No	Date	Comments
Functional Behavioral Assessment (data gathering form)				
Behavioral Support Plan				
Individual Student Support Plan (ISSP)				
Psychologist Consultation/Observation				
Testing Reports				
Report cards				
IEP or 504 plan				
Behavioral Assessment System for Children (BASC-2)				

Submit the completed form and fax to 866 540-1012