



Arkansas Department of Human Services
Division of Children and Family Services

EDUCATIONAL ASSESSMENT
(To be completed by the School District)

Date Requested:
Student Name:
Date of Birth:
Grade:
Family Service Worker:
Address:
Phone Number:
Surrogate Parent (RE: Special Ed. services):
School District:
Name:
Address:
Foster Care Provider:
Address:
Phone Number:
Phone:

CHECK APPROPRIATE BOX(ES):

A. ACADEMICS (This student is):

Currently performing:
Above grade level
At grade level
Below grade level

If below, in which area(s):

Currently receiving:
Special Education
Counseling
Speech Therapy
Physical Therapy
IEP: Yes No

Has this student ever received Special Education services? Yes No.

If so, in which area(s) and grade(s):

B. BEHAVIORAL/EMOTIONAL CHARACTERISTICS:

This student appears to be well adjusted or
This student is exhibiting behavior/emotional problems best described as:

Disruptive
Withdrawn
Aggressive

Other (explain)

This student does not have problems interacting with others or
This student has problems interacting with: Peers Teachers Other Supervisors

Describe student's problem behavior:

[Empty box for describing student's problem behavior]

I (or some other school personnel) have discussed these difficulties with child: Yes No

His/her response was: Concern Unconcern Denial Anger

Other (explain) _____

I have talked with parent/foster care provider concerning these difficulties: Yes No

Their reaction: _____

C. BACKGROUND INFORMATION

Has this student repeated a grade? Yes No Unknown. If so, which grade(s)/when? _____

Has the student been suspended and/or expelled from school? Yes No Unknown

If so, when, for how long and for what offense (complete for each occurrence)? _____

List all schools previously attended by this student:

<u>School</u>	<u>Address</u>	<u>Date(s) of Attendance/Grade(s)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you aware of any factors adversely affecting this student's academic performance in the past: e.g. environmental, cultural, economic, medical, etc.? Yes No

If so, explain:

D. ACADEMIC ACHIEVEMENT

Please attach the most recent record of this child's academic performance: standardized test results and/or grade report, and any other information pertinent to his/her academic achievement. If the child is in Special Education, attach copy of current IEP.

Signature/Title of Individual Completing Form

Date