



EDUCATOR CONSULTATION

RE: _____
(Student name)

Dear Educator:

Your student will soon participate in a neuropsychological evaluation at the Pediatric Mindworks Center (PMC), part of HRA Psychological Services. The family/care-providers have requested your assistance by completing this written consultation. While testing data is useful, collateral information from sources close to the student offer a wealth of information that cannot be captured in our offices. Therefore, the following information will be vital to understanding your student's academic functioning while providing valuable observations about their social-emotional and behavioral wellbeing.

We have also asked the family/care-providers to supply relevant school records to aid in our conceptualization of your student. These records may include IEPs, Section 504 plans, behavior plans, assessments, or other documents. If you could assist the family/care-providers in obtaining such records to share with PMC, it would be appreciated. It will be especially important to know if any recent assessment by a school psychologist or other such provider has been conducted as we do not want to duplicate their efforts.

PMC also welcomes any additional information you wish to share. Please know that this information may be integrated into the final report. Your time is precious and so we have carefully selected the following questions or forms to make this request reasonable. Thank you in advance for your timely completion of this form and any attached rating scales.

We very much appreciate your dedication to this process to help this student!

This form can be returned directly to the student's family/care-providers or faxed to the office at 616-458-8129.

Student Name: _____ Today's date: _____

School/District: _____ Grade: _____

Educator(s) Name: _____

Role: General Education Teacher Special Education Teacher Other: _____

SPECIAL EDUCATION SUPPORT

- Does the student receive special education (SPED)? No history of SPED
- SPED previously, not currently Was referred for SPED but did not qualify
- IEP or equivalent: If so, qualification (SLD, SLI, OHI, ASD, CI, EI): _____
- Section 504 plan Title I (reading, math, both) Response to Intervention (Rtl): Tier _____
- IRIP Other: _____

CURRENT FUNCTIONING

Is the student academically on target? In your opinion, is the student reaching their potential?

What do you think are the barriers to their academic success? None identified

Please describe the student's strengths.

Do you have concerns about the student's social skills, emotions, or behavior? No Yes, please comment...

AREAS OF CONCERN

Please mark any areas below that you feel could be detrimental for this student.

BEHAVIOR	EMOTIONAL CONTROL	SOCIAL BEHAVIOR
<input type="checkbox"/> Task refusal <input type="checkbox"/> Disrupting classroom <input type="checkbox"/> Argumentative <input type="checkbox"/> Angry outbursts <input type="checkbox"/> Disrespectful language <input type="checkbox"/> Instigating others <input type="checkbox"/> Elopes / runs away <input type="checkbox"/> Destruction of property <input type="checkbox"/> Verbal aggression <input type="checkbox"/> Physical aggression	<input type="checkbox"/> Easily frustrated <input type="checkbox"/> Tearful <input type="checkbox"/> Shy, overly quiet <input type="checkbox"/> Shuts down <input type="checkbox"/> Separation anxiety <input type="checkbox"/> Perfectionistic / fear of failure <input type="checkbox"/> Withdrawn <input type="checkbox"/> Irritable / moodiness <input type="checkbox"/> Depressed <input type="checkbox"/> Overanxious	<input type="checkbox"/> Socially unaware <input type="checkbox"/> Disengaged from peers <input type="checkbox"/> Struggles with social cues <input type="checkbox"/> Fixations (topic, activity) <input type="checkbox"/> Unusual mannerisms <input type="checkbox"/> Difficulty making friends <input type="checkbox"/> Refuses group work <input type="checkbox"/> Does better 1:1 with peers <input type="checkbox"/> Problems with transitions <input type="checkbox"/> Needs strict routine
SPEECH/LANGUAGE	ATTENTION	EXECUTIVE FUNCTIONS
<input type="checkbox"/> Articulation <input type="checkbox"/> Stuttering <input type="checkbox"/> Receptive language <input type="checkbox"/> Expressive language <input type="checkbox"/> Selective mutism <input type="checkbox"/> Echolalia <input type="checkbox"/> Pragmatic (social language) <input type="checkbox"/> Other:	<input type="checkbox"/> Zones out / daydreams <input type="checkbox"/> Easily distracted <input type="checkbox"/> Short attention span <input type="checkbox"/> Forgetful <input type="checkbox"/> Slow to complete tasks <input type="checkbox"/> Restless / fidgety <input type="checkbox"/> Hyperactive <input type="checkbox"/> Rushes through work <input type="checkbox"/> Makes careless errors	<input type="checkbox"/> Impulsive <input type="checkbox"/> Disorganized <input type="checkbox"/> Problematic task initiation <input type="checkbox"/> Problematic task completion <input type="checkbox"/> Poor time management <input type="checkbox"/> Difficulty multitasking <input type="checkbox"/> Not prepared for class <input type="checkbox"/> Missing assignments <input type="checkbox"/> Often late for class
LEARNING	SENSORIMOTOR	MEDICAL
<input type="checkbox"/> Reading <input type="checkbox"/> Mathematics <input type="checkbox"/> Written expression <input type="checkbox"/> Spelling <input type="checkbox"/> Foreign Language <input type="checkbox"/> Specific subject: <input type="checkbox"/> Test taking in general <input type="checkbox"/> Other:	<input type="checkbox"/> Sensory seeking <input type="checkbox"/> Sensory averse/avoidant <input type="checkbox"/> Fine motor <input type="checkbox"/> Gross motor <input type="checkbox"/> Coordination <input type="checkbox"/> Handwriting frustration <input type="checkbox"/> Struggles to copy information <input type="checkbox"/> Other:	<input type="checkbox"/> Fatigue <input type="checkbox"/> Stamina <input type="checkbox"/> Tics: <input type="checkbox"/> Vision / Hearing <input type="checkbox"/> Stomachaches <input type="checkbox"/> Headaches <input type="checkbox"/> Absences due to illness <input type="checkbox"/> Other:

