CHILDPLUS DISABILITIES REPORTING FORM (following a Family/Child Staff)

___ Child passed first screening. Close the 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 (Close Concern on all of the below)

___ 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 4th 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) Referral & Follow up Assessment; 2) Add Action  Action type: Treatment  Action Date: see above  Status: Parent Refused Treatment; 3) Check: “Treatment Received for Chronic”;

___ E. Child Dropped: Close Concern.

Computer entry for child with an IEP

___ Has an updated copy of IEP dated _____________.
   ASA: Enter date on Disabilities IEP tab

___ Has a copy of 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 ____ Speech or language
   ____ Emotional/Behavioral ____ Learning Disabilities ____ Traumatic Brain Injury
   ____ Health Impairment ____ Non-categorical/ ____ Visual Impairment
t  ____ developmental delay including blindness

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