

## 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 **4<sup>th</sup>** 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):

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Autism               | <input type="checkbox"/> Hearing Impairment                         | <input type="checkbox"/> Orthopedic Impairment                 |
| <input type="checkbox"/> Deaf/Blind           | <input type="checkbox"/> including deafness                         | <input type="checkbox"/> <b>Speech or language</b>             |
| <input type="checkbox"/> Emotional/Behavioral | <input type="checkbox"/> Learning Disabilities                      | <input type="checkbox"/> Traumatic Brain Injury                |
| <input type="checkbox"/> Health Impairment    | <input type="checkbox"/> <b>Non-categorical/developmental delay</b> | <input type="checkbox"/> Visual impairment including blindness |

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