UAMS | Schmieding Developmental Center

519 Latham Dr.
Lowell, AR 72745-2089
Phone: 479-750-0125
Fax: 479-750-0323

SCHOOL REPORT

PLEASE RETAIN A COPY FOR YOUR RECORDS.

This report is confidential and essential to our evaluation of this child. Please complete and return to the Schmieding Developmental Center at 519 Latham Dr. Lowell, AR 72745 as soon as possible. The child's appointment is dependent upon the receipt of this report. If you have any questions, please contact Schmieding Developmental Center at 479-750-0125.

I. Identifying Information:

Child's Name: _____ Date:_____

School: _____ City:_____

Phone: _____ Length of time in this school: _____

Teacher _____ School Counselor: _____

II. School Adjustment:

1. Do you feel this child's behavior in school represents a problem in any way? ☐ YES ☐ NO

   If yes, Please explain briefly:_____

   _____

   _____

2. General:

   Describe the child's personal hygiene:_____

   _____

   Is the child's current and past attendance record good? ☐ YES ☐ NO

   How does the child react to success and failure:_____

   _____ _____

   Does the parent have good communication with the school? ☐ YES ☐ NO

3. Attention Span: If interested in activity: _____minutes If not interested in activity: _____ minutes

4. List the child's current important problems:

   1._____

   2._____

   3._____

5. List techniques you have used to control or change the problem behaviors:
   (Indicate whether techniques were successful or not)

   1._____

   2._____

   3._____

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III. Special Services

1. Please check all special services that are presently being provided for this child's education:

- ☐ 504 Plan
- ☐ Response to Intervention
- ☐ IEP
- ☐ Resource
- ☐ Regular Classroom
- ☐ Self-Contained Classroom
- ☐ Inclusion
- ☐ One-on-One Aide
- ☐ Speech Therapy
- ☐ Physical Therapy
- ☐ Occupational Therapy
- ☐ School Based Therapy
- ☐ Behavior Plan

IV. Other remarks that might help in the evaluation of this child:

Form Completed by:_____ **Title:**_____

Submit Form