

OFFICE OF DISABILITY SERVICES

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Services.

Office of

Basis on which Diagnosis was made (check all that apply)

Psychoeducational or neuropsychological assessment (please attach report)

Psychological Assessment (please attach report)

Standardized rating scales (please attach report)

Structured or unstructured interviews with student

Structured or unstructured interviews with other relevant persons (e.g. parent, therapist, teacher)

Behavioral observations

Developmental history

Medical history

Other (Please specify): _____

Clinical Manifestations/Symptoms: Please provide information regarding the student's current presenting symptoms with regard to the following; for each symptom indicate impact: none, mild, moderate, severe:

Social interaction reciprocal verbal communication, shared emotions and affect	
Understanding of verbal communication/cues	
Restricted, repetitive, or unusual patterns of motor behavior i.e., stereotypic	
Inflexible adherence to routines	
Hyper or hypo reactivity to sensory input	

