

**Multi-site Study
Child School Record Abstraction Form**

Form Approved
OMB No. 0923-XXXX
Exp. Date xx/xx/201x

ATSDR estimates the average public reporting burden for this collection of information as 20 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0923-xxxx).

If the parent reports that the child has a developmental disability (e.g., ADHD, autism, or a learning disability), then ATSDR/[institution name] seeks to abstract the special education records for the child including the individualized education program (IEP), the IEP evaluation report (“Full Individual Evaluation” or “FIE”), and if available, the Independent Educational Evaluation. ATSDR seeks this information only if the child’s parent or legal guardian has signed the consent to release student information.

ATSDR/[institution name] has received parental or guardian permission to obtain the specified school records for the child named below:

Name of Student (print): _____ Student ID No. _____ Date of Birth: [mm/dd/yyyy]

Address of Student: _____

City: _____ State: _____ Zip Code: _____

Name of Parent or Guardian (print): _____

Mail the completed form (using the enclosed pre-addressed return envelope) to:

[Investigator's Name]
[Institution Name]
[Address]

Attachment 18c.

Does the student have one or more of the following disabilities?

DISABILITY	FINDING	IF YES,
Autism	Yes No	How diagnosed?
Developmental Disability	Yes No	Specify _____ How diagnosed?
Intellectual/Cognitive Impairment	Yes No	Specify _____ How assessed?
Sensory-Hearing, Vision, Deaf-Blind	Yes No	Specify _____
Neurological Disability	Yes No	Specify _____ How assessed?
Other	Yes No	Specify _____ How assessed?

Attachment 18c.

DISABILITY	FINDING	IF YES,
Specific Learning Disability	Yes No	Specify _____ How assessed?
Attention Deficit Hyperactivity Disorder (ADHD)	Yes No	How diagnosed?
Social/Emotional/Behavioral Disorder	Yes No	Specify _____ How diagnosed?
Adaptive Behavior	Yes No	Specify _____ How diagnosed?
Language Disability	Yes No	Specify <input type="checkbox"/> receptive <input type="checkbox"/> expressive <input type="checkbox"/> auditory processing How diagnosed?

Attachment 18c.

Verbatim description of deficiencies noted in the Present Levels of Academic Achievement and Functional Performance (including deficiencies in social skills and behavior):

Note the following if found:

Services: Special Education	Yes No	Specify _____
Psychometric Test Results	Yes No	IQ [_____] Reading Level [_____]

