

**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<br>No | How diagnosed?                  |
| Developmental Disability            | Yes<br>No | Specify _____<br>How diagnosed? |
| Intellectual/Cognitive Impairment   | Yes<br>No | Specify _____<br>How assessed?  |
| Sensory-Hearing, Vision, Deaf-Blind | Yes<br>No | Specify _____                   |
| Neurological Disability             | Yes<br>No | Specify _____<br>How assessed?  |
| Other                               | Yes<br>No | Specify _____<br>How assessed?  |

Attachment 18c.

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

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**Note the following if found:**

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|-----------------------------|-----------|-------------------------------------|
| Services: Special Education | Yes<br>No | Specify _____                       |
| Psychometric Test Results   | Yes<br>No | IQ [_____]<br>Reading Level [_____] |

