Form Approved

OMB No. 0923-0063

Exp. Date 05/31/2023xx/xx/20xxExDaxx/xx/20xx

Exp. Date xx/xx/20xx

### Multi-site Study

### Child School Record Abstraction Form

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 (0923-0063).

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]***

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

|  |  |  |
| --- | --- | --- |
| DISABILITY | FINDING | IF YES,  |
| Autism | YesNo | How diagnosed? |
| Developmental Disability | YesNo | Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_How diagnosed? |
| Intellectual/Cognitive Impairment | YesNo | Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_How assessed? |
| Sensory-Hearing, Vision, Deaf-Blind  | YesNo | Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Neurological Disability  | YesNo | Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_How assessed? |
| Other  | YesNo | Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_How assessed? |

|  |  |  |
| --- | --- | --- |
| DISABILITY | FINDING | IF YES,  |
| Specific Learning Disability  | YesNo | Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_How assessed? |
| Attention Deficit Hyperactivity Disorder (ADHD)  | YesNo | How diagnosed? |
| Social/Emotional/Behavioral Disorder  | YesNo | Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_How diagnosed? |
| Adaptive Behavior  | YesNo | Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_How diagnosed? |
| Language Disability  | YesNo | Specify [\_\_] receptive [\_\_] expressive [\_\_] auditory processingHow diagnosed? |

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 | YesNo | Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Psychometric Test Results | YesNo | IQ [\_\_\_\_\_\_\_\_\_\_]Reading Level [\_\_\_\_\_\_\_\_\_\_\_] |

Other Test Results:

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