

## APPENDIX D

### **Statewide Reporting Procedures for Grant Funded Therapeutic Services to Preschool Age Children in the Kansas Community Mental Health System**

**The statewide reporting process was coordinated with the SRS Health Care Policy (Children's Mental Health) representatives from CMHCs, the Consortium, and KU School of Social Welfare.**

All Therapeutic Services to Preschool Age Children (TSP) grant recipients are required to follow the outlined outcomes tracking process. These preschools include, Area Mental Health, Crawford County Mental Health, Family Service and Guidance Center, Franklin County Mental Health Center, High Plains Mental Health Center, and Johnson County Mental Health Center.

**Other CMHC's that have therapeutic services for preschoolers are welcome and encouraged to follow the process. Please contact SRS/HCP (Eric VanAllen - [esv@srskansas.org](mailto:esv@srskansas.org)) if your CMHC would like to participate in the process.**

#### **Therapeutic Preschool Data Reporting Instructions AIMS and TSP CSRs**

1. Enter AIMS fields 0 (Global Status Review Date) through 34. Follow the directions that are in the AIMS manual for entering these fields.
  - **Enter these fields when a child begins TSP.**
  - **Update the fields when the child begins TSP if a child is already in CMHC services and registered in AIMS.**
  - **Update the following fields as they change and at least annually in June of each year.**
    - Most Recent Hospitalization (**Field 11**)
    - Primary Diagnosis (**Field 16**)
    - Secondary Diagnosis (**Field 17**)
    - Functional Level (**Field 18**)
    - Payment Source (**Field 21**)
    - Eligibility Regarding Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) (**Field 24**)
    - Resident County (**Field 25**)
    - Responsible County (**Field 26**)
    - Client's highest level of educational achievement (**Field 28**)
2. CMHCs that use EDI do not enter the Client Status Fields (fields 51 through 76) into the AIMS for children in TSP - *with the exception of AIMS Field 55 CURRENT EDUCATIONAL PLACEMENT*. CMHCs that use BCMS software must enter data

for field 55. CURRENT EDUCATIONAL PLACEMENT and all other fields that require a response.

- **For AIMS Field 55 Current Educational Placement, choose option 20 Therapeutic Services for Preschool Age Children.**

3. Report the Service Encounter Data for these children in the AIMS (fields 77 through 85).

4. Report the CLIENT STATUS REPORT for TSP CLIENTS ONLY to KU on a quarterly basis through the TSP CSR report specifically designed for children receiving TSP. The completed TSP/CSR forms are due to KU on the following dates:

For Q1: July, August, & September -	due October 15
For Q2: October, November, & December –	due January 15
For Q3: January, February, & March –	due April 15
For Q4: April, May, & June –	due July 15

*The AIMS Unique ID, AIMS Field 2, has to be the Client ID on the quarterly CSR report to KU.*

- The most recent TSP CSR form should be sent to:

- **KU School of Social Welfare  
Attention: Sharon Barfield  
1545 Lilac Lane  
Lawrence, KS 66044-3184**

### ***Other Reporting Required of CMHC's with TSP Programs:***

#### **Parent and Staff Evaluation Forms**

- **In addition to the TSP CSR form, KU is collecting Parent and Staff evaluation data. Only CMHCs who are TSP services grant recipients are required to return this form. These preschools include, Area Mental Health, Crawford County Mental Health, Family Service and Guidance Center, Franklin County Mental Health Center, High Plains Mental Health Center, and Johnson County Mental Health Center.**
- **Other CMHC's who have therapeutic services for preschoolers are welcome and encouraged to follow the same data collection procedures. Please contact SRS/HCP (Eric VanAllen – [esv@srskansas.org](mailto:esv@srskansas.org), (785)296-2518) if your CMHC would like to participate in the process.**

- **The form is to be completed at the end of the fall (End of Dec) and the end of the spring (End of May). The Parent and Staff Evaluation Forms should be sent to:**
  - **KU School of Social Welfare  
Attention: Sharon Barfield  
1545 Lilac Lane  
Lawrence, KS 66044-3184**

**Feedback Loop about Data Collection Procedures and Developing Procedures**

- **The parent staff evaluation forms and TSP CSRs were developed with the grant recipients in the ongoing Technical Assistance meeting that is held quarterly. The responsibility of chairing the meeting is rotating among all the participants. Eric VanAllen (Technical Assistance Coordinator for Children's Mental Health) SRS/HCP should be contacted regarding question with current procedures.**

## Therapeutic Services to Preschool Age Children Instructions for Client Status Reports (CSR)

Revised 6-27-03

This Therapeutic Services to Preschoolers CSR form is intended to capture the full array of community mental health services provided to young children. It can be expected that these services may be provided inside and outside of a therapeutic classroom, in an office setting, and in the child's home and community. TSP services are differentiated from traditional and community based mental health services by the fact that the children who receive these services are receiving at least one service provided by the mental health center that is funded through the TSP grant. A TSP CSR will need to be completed on all children with an open chart receiving any grant funded TSP service.

***General Instructions: Unless instructed otherwise, please do not leave any section on the CSR blank. Sections left blank will be assumed to be "missing data" and KU will contact the CMHCs designated supervisor for completion. If specific information is: not available; not applicable; or unknown, please indicate with NA or UNK.***

### TSP CSR Page 1

#### ***ITEM***

- CMHC ID#: Please enter the CMHC ID# per the attached list. If your center is not listed, please indicate the name of the center.
- CLIENT ID#: ***The AIMS Unique ID, AIMS Field 2, has to be the Client ID on the quarterly CSR report to KU.***
- SEX: Enter either "M" or "F"
- DATE OF BIRTH: Enter date as; Month/Day/Year
- NAME OF CM or REPORTING INDIVIDUAL: Indicate the name of the person responsible for reporting the information.
- TSP Start Date (or Re-start date): Enter date as; Month/Day/Year
- TSP Stop Date: Enter date as; Month/Day/Year **NOTE: Entering a date here should trigger completion of Page 4 of the TSP CSR requesting exit information and the child is exiting all TSP grant funded services.**
- RACE or ETHNIC Group: Please enter the number of the race (see form).
- TYPES of SERVICES: For each reporting period indicate, with a checkmark (√), **ALL** services the child has received at any time during that quarter. Services to be marked should include both TSP and other services provided by the agency.
- CUSTODY STATUS: Check the appropriate box indicating the child's status at the end of the reporting period.
- REIMBURSEMENT SOURCE: Check **all** sources that helped fund the child's services during the reporting period.

**INSTRUCTIONS FOR PAGE 2 NEXT PAGE**

## TSP CSR Page 2

### ITEM

- **RESIDENTIAL SETTINGS:**

- Reporting Period: Indicate the total number of days the child was in a specific setting during the current quarter. If the child was in more than one setting during the quarter, circle the number of days in the last setting the child was in during the quarter. If the child started or exited TSP during the reporting period, only count the days the child was in TSP.

Number of Days in Current Reporting Periods:

Jan-March = 90

April-June = 91

July-Sept = 92

Oct-Dec = 92

Example 1 - The child started TSP March 17<sup>th</sup>. They were in a foster home from March 17<sup>th</sup> through March 23<sup>rd</sup> and home for the rest of the reporting period. The child was in foster care for 7 days and home for 8 days in the reporting period. The reporter should then circle the 8 days on (#10) *Permanent Home* on the TSP CSR form.

Example 2 – The child graduated from the preschool classroom in which therapeutic services were provided on May 15<sup>th</sup>. The child will continue to receive grant funded case management and attendant care to make a successful transition into the kindergarten. The child was in his home during the entire reporting period. The reporter should write 91 in the (#10) *Permanent Home* box of the TSP CSR form.

Example 3 – The child was referred to receive TSPs on Aug 1. The child will start meeting with a grant funded case manager once a week and begin to attend the preschool class where they will receive psycho-social and attendant care 3 days a week. The child was temporarily living with their grandparent until his mother was out of rehab. He moved back home with his mother on Aug 15. The reporter should write 15 days on (#9) *Temporarily Living with a Relative or Family Friend* and 46 days on (#10) *Permanent Home* on the TSP CSR form. The reporter should then circle the 46 days on (#10) *Permanent Home*.

- If the child is in SRS or JJA custody and is considered to be Foster Care / Adoption / or in Family Preservation, list the appropriate contractor's number from the list provided for the quarter. If the child has had more than one contractor in the quarter, list all contractors and circle the number of the most current contractor.

### CHILD BEHAVIOR CHECKLIST SCORES:

- Indicate the date the CBCL was administered for each time period. Indicate the scores for each time period. If a score is unavailable or unknown enter UNK. If a child *exits* TSP prior to the 6-month period, indicate by placing the word “exit” in the 6-month box and place the scores in the EXIT box.

**NOTE: At this time the CBCL scores are the ONLY indicator of clinical outcomes. Completing and reporting CBCL scores is an essential task.**

- **PRESCHOOL AND PSYCHOSOCIAL ATTENDANCE:**

**This section is intended to capture activities of TSPs that promote school readiness.**

- **Number of Days Per Week Scheduled to receive both Therapeutic Preschool and Psychosocial:** Indicate the number of days scheduled (expected to attend) therapeutic preschool each week during the current reporting period by circling an (S) in the corresponding box. Indicate the number of days scheduled (expected to attend) psychosocial group each week during the current reporting period by circling a (P) in the corresponding box. If the child is in a therapeutic preschool and psychosocial group, more than one box will be marked. In the example below example, the (S) box will be circled under 4 days a weeks and the (P) box will be circled under 2 days a week.
- **Actual Days Attended:** Indicate the number of days the child actually attended Therapeutic Preschool in the (S) box for the current quarter. Indicate the number of days the child actually attended Psychosocial Group in the (P) box for the current quarter.
- **Percentage of Days Actually Attended:** This is determined by the total number of days attended divided by the total number of days the child was scheduled (expected) to attend both Therapeutic Preschool and Psychosocial Group. **Note: There are 13 weeks in each reporting period.**

Ex: During a reporting period a child was expected to attend Therapeutic Preschool for 52 days (13 weeks x 4 days a week). The child actually attended 32 days of Therapeutic Preschool.

Days actually attended	—————→	= 32
Days scheduled	—————→	= 52
Percent Attended: 32 attended / 52 scheduled		= 62%

Ex: During a reporting period a child was expected to attend Psychosocial Group for 26 days (13 weeks x 2 days a week). The child actually attended 15 days of Psychosocial Group.

Days actually attended	—————→	= 15
Days scheduled	—————→	= 26
Percent Attended: 15 attended / 26 scheduled		= 58%

In this scenario you would check the “Attends More than Not” box under (S) or Therapeutic Preschool and “Attends Infrequently” box under (P) or Psychosocial.

### **INSTRUCTIONS FOR PAGE 3 NEXT PAGE**

#### **TSP CSR Page 3**

#### ***ITEM***

- **ENVIRONMENTAL RISK FACTORS –**
  - It is expected that all children receiving TSP be assessed for risk factors prior to starting services. This data is required on the first CSR completed for a child. Indicate with a (√) an affirmative answer to ALL 13 items in the column labeled “Intake Data.” NOTE: Whenever a new TSP CSR is used, be sure to copy the “Intake Data” on to the new CSR.
  - For each new quarter you will add only CHANGES or ADDITIONS to the information received at intake.
  - For risk factors that are identified after intake, use the notations “H” for historical information (information that is received in the current quarter, but the risk factor has or may have occurred prior to intake), or A for current information (information that is received in the current quarter, but the risk factor has or may have occurred after intake).

#### **IMPORTANT INFORMATION REGARDING THE COLLECTION OF INFORMATION ON ENVIRONMENTAL RISK FACTORS.**

*It is understood that questioning caregivers about their personal and family history can be a highly sensitive issue. The questioner is expected to use his/her own judgment regarding asking questions that are potentially upsetting to the respondent or inappropriate based on the age of the child. Questions may be phrased differently to suit the situation. Respondents should be advised that the questions asked are used to assist TSP staff in identifying and anticipating potential issues that may arise during the child’s attendance. It may be useful in some instances to allow respondents to read and answer questions regarding risk factors privately. The intent of gathering this information is not to damage the therapeutic relationship but to assess risk in the child’s environment. If questions arise contact Sharon Barfield – [shbarfield@ku.edu](mailto:shbarfield@ku.edu) or (785)830-8082.*

## INSTRUCTIONS FOR PAGE 4 NEXT PAGE

### TSP CSR Page 4

***Exit Data – THIS PAGE IS ONLY COMPLETED WHEN A CHILD HAS A TSP EXIT DATE DURING THE CURRENT REPORTING PERIOD.***

(A child will **only** exit TSP services when they have left **all** TSP services.)

Ex: A child is in a therapeutic preschool and has a TSP case manager. The child completes therapeutic preschool and is going to be entering kindergarten. The treatment team believes it is in the best interest of the child to continue case management to help with the transition into kindergarten. As long as that child is receiving case management from a TSP grant funded position, they are still considered to be receiving TSP services and an exit would not be completed at this time. Upon transfer to other CMHC services (including CBS services that are **not** TSP grant funded) or exit from services, the exit form would then need to be completed.

- Reason for TSP Stop: Indicate with a (√) the reason TSP services were stopped. Indicate only one and if “other” is checked describe the reason.
- If Continuing CMHC Services: Indicate with a (√) all services the client will be receiving after leaving TSP services. Be sure to circle those items that differentiate a type of service from another. If “other” is checked be sure to describe the service.
- Foster Care Contractor: Circle appropriate agency if child is in Foster Care or (none) if there is no foster care involvement.
- Was Special Education Recommended? Check (√) either “yes” or “no.” DO NOT LEAVE BLANK. If Special Ed was recommended indicate if the parents or school refused the recommendation.
- Expected Educational Placement: Check (√) one. If “other” is checked be sure to describe. IMPORTANT: If a child is expected to be placed in a regular school setting, indicate in the space provided the name of the school and city the school is in.

**CMHC ID #'s For CHILD CSR's**

<b>ID#</b>	<b>CMHC Name &amp; City</b>
294513	Area Mental Health Center, Garden City
294524	Bert Nash Mental Health Center, Lawrence
294737	Center for Counseling & Consultation, Great Bend
294557	Central Kansas Mental Health Center, Salina
294546	The Counseling Center (South Central), El Dorado
294748	Cowley County Mental Health Center, Arkansas City
294568	CMHC of Crawford County, Pittsburg
294816	Family Life Center, Columbus
294570	Family Service & Guidance Center, Topeka
294581	Four County Mental Health Center, Independence
294592	Franklin County Mental Health Center, Ottawa
560084	The Guidance Center (Northeast KS), Leavenworth
294603	High Plains Mental Health Center, Hays
294761	Horizons Mental Health Center, Hutchinson
294750	Iroquois Center for Human Development, Greensburg
294614	Johnson County Mental Health Center, Mission
294535	Kanza Mental Health & Guidance Center, Hiawatha
269267	Labette Center for Mental Health Services, Parsons
294625	Mental Health Center of East Central Kansas, Emporia
294840	Miami County Mental Health Center, Paola
294636	Pawnee Mental Health Services, Manhattan
560083	Pawnee Mental Health Services, Concordia
560092	Pawnee Mental Health Services, Junction City
294660	Prairie View, Newton
294671	Southeast Kansas Mental Health Center, Iola
294682	Southwest Guidance Center, Liberal
560080	Sumner Mental Health Center, Wellington
294805	Valeo Behavioral Healthcare, Topeka
294726	Wyandot Center for Community Behavioral HealthCare, Kansas City
294794	Wichita: Family Consultation Services
560089	MH Association of South Central Kansas
294715	COMCARE of Sedgwick Co.

----- For client confidentiality, the client name **must** be removed before sending the CSR to the University of Kansas -----

## **THERAPEUTIC SERVICES TO PRESCHOOL CHILDREN (TSP)**

### **CLIENT STATUS REPORT**

CMHC PID # \_\_\_\_\_ Client AIMS ID# \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo. Day Yr.

Name of Reporting Individual: \_\_\_\_\_

Start (or Restart) Date (Mo/Day/Yr): \_\_\_\_/\_\_\_\_/\_\_\_\_

Stop Date (Mo/Day/Yr): \_\_\_\_/\_\_\_\_/\_\_\_\_ (If leaving all TSP grant funded services enter date here, fill out page 4.)

Race or Ethnic Group: #1 to 6 \_\_\_\_\_

1 = Asian/Asian American/Pacific Islander

3 = First Nations/Native American/American Indian or Alaskan Native

5 = White/Caucasian/European American

Racial

2 = Black/African American

4 = Hispanic/Latino/Mexican American

6 = Multiple Race/Ethnicity or Bi-

Types of Service: (√ Check all that apply.)	QTR Jan – Mar 2003		QTR Apr – Jun 2003		QTR Jul – Sep 2003		QTR Oct – Dec 2003		
1. Psychosocial									
2. CM: (T)CM or (C)PST [check corresponding box(es)]	T	C	T	C	T	C	T	C	
3. (A)ttendant Care / (I)CS [check corresponding box(es)]	A	I	A	I	A	I	A	I	
4. Home-based Family Therapy									
5. (I)ndividual / (G)roup / (F)amily Therapy [check box(es)]	I	G	F	I	G	F	I	G	F
6. Parent Support									
7. Medication Management									
Custody Status (√ Check <u>one</u> .)	QTR Jan – Mar 2003		QTR Apr – Jun 2003		QTR Jul – Sep 2003		QTR Oct – Dec 2003		
1. Child is in SRS custody and out of home placement									
2. Child in SRS custody and lives at home									
3. Child is under SRS supervision, but not in their custody									
4. No SRS involvement									
Reimbursement Source (√ Check all that apply.)	QTR Jan – Mar 2003		QTR Apr – Jun 2003		QTR Jul – Sep 2003		QTR Oct – Dec 2003		
1. SED Waiver									
2. Medicaid (Non-Waiver)									
3. HealthWave									
4. No Insurance/Private Pay (includes no reimbursement for CM)									
5. Private Insurance									

6. Foster Care/Family Preservation/Adoption Contract				
7. School District				

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<b>RESIDENTIAL SETTINGS while receiving TSP Services: Record the number of days in each setting. (Include first and last days in placement.) ***CIRCLE the CURRENT PLACEMENT if more than one reported during the quarter.***</b>	<b>QTR</b> Total-90 days <b>Jan – Mar</b> <b>2003</b>	<b>QTR</b> Total-91 days <b>Apr – Jun</b> <b>2003</b>	<b>QTR</b> Total-92 days <b>Jul – Sep</b> <b>2003</b>	<b>QTR</b> Total-92 days <b>Oct – Dec</b> <b>2003</b>
1. State Hospital				
2. Inpatient Psychiatric Unit				
3. Crisis Resolution/Stabilization Unit				
4. Residential Treatment/Level VI				
5. Group Home (Levels III, IV, V)				
6. Emergency Shelter				
7. Therapeutic Foster Care				
8. Foster Home				
9. Temporarily Living with Relative or Family Friend				
<b>10. Permanent Home (Biological or Adoptive Parent(s), Relative, Guardian, or Permanent Home)</b>				
11. Other				
<b>Foster Care/Adoption/Family Preservation Contractor:</b> (List contractor # in each quarter child is receiving that service.) <b>0-None 1-DCCCA, 2-KCSL (FC), 3-KCSL (adoption), 4-KVC, 5-St. Francis, 6-The Farm, 7-UMY</b>				

<b>CHILD BEHAVIOR CHECKLIST SCORES</b> List T-scores	<b>PARENT</b>				<b>TEACHER</b>			
	AT ADMISSION	<u>PARENT</u> 6 - MONTHS	<u>PARENT</u> 6 - MONTHS	<u>PARENT</u> EXIT	AT 30 DAYS	6 - MONTHS	6 - MONTHS	TEACHER EXIT
<b>Date Administered :</b>								
1. Total Problem: Clinically significant above 63								
2. Internalizing: Clinically significant above 63								
3. Externalizing: Clinically significant above 63								

<b>PRESCHOOL (S) / PSYCHOSOCIAL (P) ATTENDANCE:</b> <i>Number of Days Per Week Scheduled</i> in structured school readiness activities in classroom setting or community psychosocial groups. <b>Circle S and/or P.</b>	<b>QTR</b> <b>Jan – Mar</b> <b>2003</b>		<b>QTR</b> <b>Apr – Jun</b> <b>2003</b>		<b>QTR</b> <b>Jul – Sep</b> <b>2003</b>		<b>QTR</b> <b>Oct – Dec</b> <b>2003</b>	
1. One (1) Day Per Week	S	P	S	P	S	P	S	P
2. Two (2) Days Per Week	S	P	S	P	S	P	S	P
3. Three (3) Days Per Week	S	P	S	P	S	P	S	P
4. Four (4) Days Per Week	S	P	S	P	S	P	S	P
5. Five (5) Days Per Week	S	P	S	P	S	P	S	P
<i>Attendance: # Actual days attended (S)chool or (P)sychosocial</i>	<b>S</b>	<b>P</b>	<b>S</b>	<b>P</b>	<b>S</b>	<b>P</b>	<b>S</b>	<b>P</b>
1. Indicate # Days Attended School or Psychosocial in Quarter								
<b>Attendance: Percent scheduled days attended. (Check one.)</b>	<u>S</u>	<b>P</b>	<b>S</b>	<b>P</b>	<b>S</b>	<b>P</b>	<b>S</b>	<b>P</b>

1. Attends Infrequently (1-59%)									
2. Attends More Than Not (60-89%)									
3. Attends Regularly (90-100%)									

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ENVIRONMENTAL RISK FACTORS  <ul style="list-style-type: none"> <li>▪ Enter Data Received at Intake (required)</li> <li>▪ Quarter Data entered <u>ONLY</u> if there is a change in information.</li> </ul>	Intake Data √			JAN - MAR		APR - JUN		JUL-SEP		OCT-DEC	
	Y	S	N	Y	S	Y	S	Y	S	Y	S
	U										
1. Has the child ever been physically abused?											
2. Has the child ever been sexually abused?											
3. Has the child been a runaway?											
4. Has the child ever attempted to harm himself/herself?											
5. Has the child ever abused drugs and/or alcohol?											
6. Has any parent or caregiver had a psychiatric hospitalization?											
7. Has any parent/caregiver had a felony conviction?											
8. Has a sibling been institutionalized, e.g., residential facility, corrections, psych hosp, etc.											
9. Has a sibling been in foster care?											
10. Is there a history of mental illness in the family?											
11. Is there a history of family violence in the family?											
12. Is there a history of substance abuse among family members?											

**KEY TO RISK FACTORS:** Y = YES      S = SUSPECTED      N = NO      U = Unknown, Not Asked, or Not Applicable

**NOTE: For Risk Factors entered after Intake, please use the following notations to indicate the time of occurrence.**  
**H = Historical** (Information was received in the current quarter, however the incident occurred or may have occurred prior to Intake.)  
**A = After Intake** (Information was received and incident occurred or may have occurred after Intake.)

**INSTRUCTIONS FOR INDICATING RISK FACTORS:**

1. Indicate with a √ the risk factors presented at Intake. **(Required)**
2. In each quarter **ONLY** indicate any **NEW** information received that is different from data recorded at Intake.

**CONTINUE TO NEXT PAGE ONLY IF CHILD EXITED ALL GRANT FUNDED THERAPEUTIC**

**SERVICES TO PRESCHOOL CHILDREN THIS QUARTER.**

**EXIT INFORMATION BEGINS NEXT PAGE (PAGE 4)**

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<b>EXIT INFORMATION: <i>For clients with a Stop Date This Quarter for Therapeutic Services to Preschoolers.</i></b> [See TSP - CSR Instructions]	
<b>A. Reason for TSP Stop: (√ Check only one.)</b>	
1. TSP Services Completed: <b>Goals accomplished and client transferred to non-(TSP) grant funded CMHC Services.</b> [If A. 1. is checked, complete section B. below.]	
2. TSP Services Completed: <b>Goals accomplished and NO further CMHC services to be provided</b>	
3. Outreach failed	
4. Client moved out of area	
5. Client discharged against CMHC advice	
6. Other: (Please describe)	
<b>B. IF Continuing non-(TSP) grant funded CMHC Services: (√ Check all that apply.)</b>	
1. Psychosocial	
2. CM: TCM & CPST ( <b>CIRCLE ALL THAT APPLY</b> )	
3. Attendant Care / ICS ( <b>CIRCLE ALL THAT APPLY</b> )	
4. Home-based Family Therapy	
5. Individual / Group / Family Therapy ( <b>CIRCLE ALL THAT APPLY</b> )	
6. Parent Support	
7. Medication Management	
8. Other: (Please describe)	

<p><i>If grant funded Therapeutic Services to Preschool Children Were Completed, Was Special Education Recommended to Parents &amp; School for A Behavioral or Other Type of Need?</i></p> <p>-- -- -- --</p>
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<b>EXPECTED EDUCATIONAL PLACEMENT: (√ Check only one.)</b>	
1. Regular Kindergarten	
2. Head Start	
3. Preschool	
4. Home schooling <u>not</u> provided by school.district.	
5. Home-based instruction <u>from</u> school district	
6. Special Ed. classroom (more than 60% of school day) including Alternative, BD Schooling	
7. Special Ed. classroom (less than 60% of school day)	
8. Regular classroom with Special Ed. Services	
9. Regular classroom with Special Ed. Consultation	
10. Regular classroom (100% of the school - no Special Ed)	
11. Partial Hospital/Residential School	
12. Institutional Instruction; e.g. psychiatric hospital	

13. NO school	
14. Other: (Please Describe)	

NOTE: If child will be placed in a regular school setting indicate the name of school and city here so that follow-up tracking can be conducted:

*School:* \_\_\_\_\_ *City:* \_\_\_\_\_