

GENERAL AND SPECIAL EDUCATION/DISABILITY ACCOMMODATION SCREEN

Family/Case Name :
 Education Decision-Maker:
 Current School:
 Agency Name :
 Initiated by :

Case Number :

Address :
 Initial

Student ID Number:
 Special Education Decision-Maker:
 School Grade:
 Phone No :
 Update

| | |
|---|--|
| Child Name:GUS GRAHAM | |
| 1. EDUCATION RECORDS | |
| A. Parent consent/Judge's order to obtain education records is on file. | |
| B. Up-to-date education records are on file. | |
| 2. EDUCATION DECISION-MAKER (A special education decision maker cannot be a child welfare professional, except when appointed by a court to request and consent to an initial evaluation.) | |
| A. The child has an education decision maker who is acting or attempting to act | |
| B. The child has a special education decision maker who is acting or attempting to act. | |
| 3. SCHOOL STABILITY/PROMPT ENROLLMENT | |
| A. The child shall remain in the same school he/she is currently attending. | |
| B. If child is not remaining in the same school, child was enrolled in new school promptly | |
| 4. SPECIAL SCHOOL SETTINGS/SITUATIONS | |
| A. Child is attending a regular public school (including charter school) or private or parochial school. | |
| B. Child receives full day of instruction in accordance with the law. | |
| C. Child is in Advanced Placement (AP), vocational-technical (vo-tech) or involved in extra-curricular activities. | |
| 5. PROGRESS TOWARD PROMOTION/GRADUATION | |
| A. Child attends school regularly. | |
| B. Child is placed at appropriate grade level for age/development. | |
| C. Child is receiving remedial services as needed. | |
| D. Child is making adequate academic progress (i.e., child has a C-average or better). | |
| E. Child received all credits earned for classes successfully completed (applies only to students grades 9-12). | |
| F. Child completed high school requirements and diploma or GED was or will be issued. | |
| 6. PREPARATION FOR POSTSECONDARY EDUCATION (Applies, at a minimum, to students age 16 or older) | |
| A. Postsecondary planning is occurring. | |
| B. Child has a plan for accessing money for post-secondary education/training (Chafee ETG, etc.). | |
| 7. NEED FOR SPECIAL EDUCATION EVALUATION (Complete this section only for student without existing Individualized Education Plan (IEP)) | |
| A. Child does not appear to have a disability that affects school functioning. | |
| B. Child's academic performance and/or progress does not indicate a need for evaluation for eligibility for special education (including gifted). | |
| C. Child exhibits no truancy/disciplinary concerns that suggest a need for special education services. | |
| D. Child's family or caregiver does not believe that the child needs to be evaluated for special education services, including gifted. | |
| 8. SPECIAL EDUCATION SERVICES (Complete this section only for student with an IEP). | |
| A. Current special education services are meeting the child's educational needs and child is making academic progress as indicated in quarterly reports. | |
| B. Child is 14 or older and has special education transition plan in Individualized Education Plan. | |
| C. Child's special education plan is current (reviewed each year) and evaluations have been conducted at the appropriate intervals (every 3 years for all children or every 2 years for children with a diagnosis of Mental Retardation). | |
| D. Child's family or caregiver believes child's educational needs are being met - included gifted and talented or special education needs. | |
| E. Child is in the least restrictive education environment. | |
| 9. NEED FOR ACCOMMODATIONS IN SCHOOL | |
| A. Child does not need accommodations for a Section 504 disability or condition. | |
| B. Child does not need support (e.g. Student Assistance Program (SAP) for behavioral health or substance abuse. | |

DCYF #353E Education Screen Complete for all school-age children in conjunction with initial FSP-AND every 6 months thereafter for C's in FC; and annually for C's at home (regardless of dependency, as long as the CYF case is open). Refer to Education and Developmental Screening & Referrals Policy and Procedure for clarification.

General and Special Education/Disability Accommodation Screen

Child Name:

Assessment Summary Form

For each item on page one of the screen where the answer was "False", provide rationale for this determination as well as steps taken to address the matter. If objectives and/or tasks have been included on the Family Service Plan/Child's Permanency Plan, you may indicate "see FSP/PPP" to avoid duplication of information. Refer to the Education Screen Resource Manual for additional information and guidance as it relates to each item on the General and Special Education/Disability Accommodation Screen. You may attach extra pages if needed. Refer to the following website for clarification on each section and suggested referrals: www.alleghenycounty.us/dhs/education/

Follow-up step(s) and comments

CYF Comments :

Caseworker:
Supervisor:

Date:
Date:

DRAFT