
CHRIS KAEPPNER, PH.D.
Licensed Clinical Psychologist

1117 Fehl Lane, Cincinnati, Ohio 45230
Phone: 513-313-7661 Fax: 513-388-9711
Email: chris@chriskaepner.com
www.chriskaepner.com

To Be Completed by the School or Daycare

Completed By: _____ Date: _____

Title: _____

Child's Name: _____ Birthdate: _____
Last First MI

Address: _____ Phone: _____

School: _____ Student #: _____ District #: _____

Address: _____ Phone: _____

SCHOOL HISTORY:

Dates Attended:

Current School _____

Previous Schools:

Has this child had an intervention-based assessment (IBA)? _____ Yes _____ No
Has this child had a multifactor evaluation? _____ Yes _____ No (If yes, please enclose results.)
Does this child have an IEP? _____ Yes _____ No (If yes, please enclose results.)

INTERVENTION SERVICES:

Please check interventions the child currently receives.

_____ Special Education Services Type: _____
_____ Speech and Language Therapy (Please forward progress report and IEP)
_____ OT/PT
_____ Remedial Instruction Specify Subjects: _____
_____ Tutoring Specify Types: _____
_____ Other _____

	Yes	No	Comments
History of Behavior Difficulties			
History of Attendance Problems			
History of Academic Difficulties			
History of School Adjustment Problems			
History of General Learning Difficulties			

LEARNING BEHAVIORS:

	Exc	Good	Fair	Poor	Comments
Independent Habits					
Attention Span					
Organizational Skills					
Impulse Control					
Completion of Assignments/Tasks					
Classroom Conduct					

PHYSICAL DATA:

Please describe difficulties in:

Hearing: _____

Vision: _____

Speech: _____

Motor Control: _____

General Health and Physical Appearance: _____

Other: _____

TESTING DATA:

	Date	Test	Result
Readiness Skills	_____	_____	_____
Mental Ability	_____	_____	_____
Adaptive Behavior	_____	_____	_____
Achievement:			
Reading	_____	_____	_____
Math	_____	_____	_____
Spelling	_____	_____	_____
Other	_____	_____	_____
Vocational Aptitude	_____	_____	_____

Approximate Instructional Levels (if appropriate)

Reading: _____

Written Language Production: _____

Spelling: _____

Mathematics: _____

Social Studies: _____

Science: _____

Other: _____

LEARNING ABILITIES:

Please comment (as appropriate) on the child's performance in the following areas:

<i>Self-Help:</i>	<i>Fine Motor:</i>
<i>Social:</i>	<i>Gross Motor:</i>
<i>Expressive Language:</i>	<i>Receptive Language:</i>
<i>Readiness:</i>	<i>Reading:</i>
<i>Mathematics:</i>	<i>Written Language:</i>
<i>Pre-Vocational:</i>	<i>Other:</i>

Has this child progressed in his or her present learning environment? _____ Yes _____ No

Please explain: _____

What are your major concerns about this child? _____

What are this child's strengths in your setting? _____

What are the child's weaknesses in your setting? _____

Does this child require frequent discipline? _____ Yes _____ No

Under what circumstances? _____

What type of discipline is most effective? _____

Describe child's relationships with peers. _____

Describe child's relationships with teachers. _____

What type of educational experiences do you think this child needs to progress in school? _____

Is there any specific information you would like from this evaluation? _____

Other Comments (Use additional paper if needed.) _____

Thank you for your cooperation. With your help I will be better able to complete an evaluation of this child.

*Sincerely,
Christopher Kaepner, Ph.D.
(513) 313-7661*

Teacher Signature

Director/Principal Signature