

OAKLAND COUNTY  
SEI CENTER PROGRAM  
THERAPEUTIC CLASSROOM  
REFERRAL PACKET

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2010 – 2011

**Acknowledgements**

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## SEI CENTER PROGRAM THERAPEUTIC CLASSROOM

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### **PURPOSE**

The purpose of the Therapeutic Classroom is to offer a psycho-educational milieu for students in Oakland County whose degree of emotional need is so severe that the Local Education Agency (LEA) has exhausted all suitable options. The program fosters positive growth in both academic and social emotional behavior to lead to a successful reintegration to the LEA.

The Oakland County Therapeutic Classroom programs are designed for students whose severe emotional need meets the appropriate entrance indicators. Program services are designated for students who are intellectually capable of benefiting from cognitive therapy and complex behavior support systems. Each placement is expensive and intensive, thus should only be used for students who can reasonably be expected to benefit from the program toward the goal of returning to their resident district. Therapeutic Classrooms are not to be considered a permanent placement.

### **PRE-REFERRAL PROCESS**

Prior to a Therapeutic Classroom referral, LEAs are expected to expend effort to the point of exhausting all resources. These programs are designed for students with emotional need who may:

- a) Have been receiving Special Education in the LEA and have not shown evidence of success. These students require a setting that emphasizes treatment of emotional concerns in order to benefit from education.

**OR**

- b) Have been recently discharged from an inpatient psychiatric hospital setting and their needs cannot be met in a less restrictive placement.

Therapeutic Classrooms are not intended to be utilized as an Interim Alternative Educational Setting (IAES) for LEAs that are not providing adequate services or as an alternative to district's Zero Tolerance Policies. It is unlikely that a student would be appropriate for a Therapeutic Classroom upon an initial evaluation and eligibility for Special Education.

Processing the referral includes a review of current documentation:

- Observation of the student in the resident LEA
- A visit to the Therapeutic Classroom program by the student and the parent(s)/guardian(s), which will include an interview with both the LEA & Therapeutic Classroom staff.
- The referral process will begin upon receipt of the completed packet.

### **Placement consideration**

The Therapeutic Classroom staff will then determine if the referred student meets the entrance indicators or will work with the LEA to develop an appropriate support plan. LEA staff and parent(s)/guardian(s) are expected to participate in ALL aspects of the initial referral; planning and the transition back to the LEA. Transition and return to the LEA includes a meeting between LEA staff, Therapeutic Classroom staff, student and parent(s)/guardian(s) to ensure appropriate social and emotional behavioral and academic support in the LEA.

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## REVIEW PROCESS FOR CENTER PROGRAMS

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### Step 1: Consultation

#### Inter-district Meeting

The LEA will schedule a meeting with LEA staff, center staff, parent(s)/guardian(s) and other staff, as appropriate, to review student's current program, services and placement.

#### Problem Solving

Center program staff will suggest interventions/strategies/supplementary aids to assist the student in remaining in the current placement.

### Step 2: Referral

- The director/supervisor of the LEA contacts the center director/supervisor and provides all information requested
- The center director/supervisor of Special Education will:
  - Confirm whether space is available and contact the referring LEA director/supervisor
  - If space is available, contact the appropriate center staff to inform them of the referral
  - If space is not available, the LEA will investigate other centers/options

### Step 3: Visitation

- If space is available, the LEA will contact the appropriate center staff to schedule a visitation
- Staff from the referring LEA, the student's parent(s)/guardian(s) and student (if appropriate) will observe the center classroom
- The center staff may observe the student in his/her current educational placement
- A meeting will be held to discuss the center program placement option

### Step 4: Placement Decision

- An IEPT meeting will be scheduled between the center, LEA and parent(s)/guardian(s) (see note regarding temporary placement)
- When considering center program placement, the IEP Team will discuss the potential return of the student to his/her home district as the student becomes increasingly successful in the general education environment
- If the LEA and center disagree regarding student placement the Contractual Process for Resolution will be followed

#### Note on Temporary Placement

If a student enrolled in a special education program in a school district or Intermediate School District (ISD) transfers to a new School District which necessitates a change in educational status, the Student, with the written consent of the parent(s)/guardian(s) shall be placed immediately in an appropriate special education program or service for a period not to exceed 30 school days, during which time an IEPT shall be convened by the new district of residence to review and possibly revise the person's individualized education program. This case shall have precedence over all other cases, except previous cases also being expedited under this rule (R340.1722e).

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## UPON EXITING CENTER PROGRAMS

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### **Step 1: Inter-district Meeting**

- The center program director/supervisor will schedule a meeting with LEA staff, center staff, parent(s)/guardian(s) and other staff as appropriate to review student's current program, services and placement (for example: an increase in the time the student spends in general education may cause reconsideration of the continuum of alternative placements)
- The center and LEA staff will discuss the student's needs and possible intervention strategies/supplementary aids to assist the student in returning to the LEA or other program. During the interim process the child will remain in the current placement

### **Step 2: Visitation**

- The LEA will contact the appropriate center staff to schedule a visitation. Staff from the center, the student's parent(s)/guardian(s) and student (if appropriate) will observe the resident classroom and other options
- The LEA staff may observe the student in his/her current educational placement
- A meeting will be held to discuss the LEA placement or other options

### **Step 3: Placement Decision**

- An IEPT will be scheduled with center staff, LEA and parent(s)/guardian(s)
- If the LEA and center disagree regarding student placement the Contractual Process for Resolution will be followed

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## CLASSROOM(S) / PROGRAM(S) CLOSINGS

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**GOAL: To develop a consistent process for the closing of a center-based classroom(s) or program(s).**

- Step 1:** The director/supervisor of the center-based classroom(s)/program(s) will notify in writing the director/supervisor of sending districts of the anticipated closure of the center-based classroom(s)/program(s) by January 1st.  
The following information is required:
- Program title/location of center-based classroom(s)/program(s) to close
  - Projected date of closure
  - Last date for student attendance
  - Names of students affected by the closing
  - It is the responsibility of the director/supervisor of the sending districts to notify parent(s)/guardian(s) of students from their district of the anticipated closing. Center-based staff may assist the sending district as deemed appropriate by both districts
- Step 2:** The director/supervisor of the center-based classroom(s)/program(s) will notify in writing the Executive Director of Special Education, Oakland Schools of the anticipated closure of a center-based classroom(s)/program(s) by January 1<sup>st</sup>.  
The following information is required:
- Program title/location of center-based classroom(s)/program(s) to close
  - Projected date of closure
  - Last date for student attendance
  - Names of districts affected and the number of students
  - It is the responsibility of the Executive Director of Special Education, Oakland Schools to notify the Parent Advisory Committee (PAC)
- Step 3:** The Executive Director of Special Education, Oakland Schools will provide a general announcement of the anticipated closure of center-based classroom(s)/program(s) at the next scheduled SEOAC meeting. If the determination is made after the May Special Education Administrators of Oakland County (SEAOC) meeting, the Executive Director of Special Education, Oakland Schools will notify in writing all Directors/Supervisors in Oakland County of the classroom(s)/program closing  
The following information is required:
- Program title/location of center-based classroom(s)/program(s)
  - Projected date of closure
  - Last date for student attendance
- Step 4:** If requested by a student's resident district Director/Supervisor, the center program director/supervisor will schedule a meeting with resident district staff, center staff, parent(s)/guardian(s) and other staff (as appropriate) to discuss the child's educational needs and possible program options.
- Step 5:** It is the responsibility of the student's resident district to determine appropriate placement options and coordinate placement through the IEPT process.

## Therapeutic Classroom Initial Referral Packet

Student name: _____	Date of birth: _____
Home address: _____	City & Zip: _____
Parent/Guardian: _____	Phone number(s): _____
UIC: _____	Resident District: _____
Current school: _____	Grade: _____ C.A. _____
Date of initial special ed eligibility: _____	Secondary eligibility: _____
Primary eligibility: _____	Date packet completed: _____
Previous eligibility: _____	

Information	Date	Enclosed
Release of Information		<input type="checkbox"/>
Immunization Records		<input type="checkbox"/>
Birth Certificate		<input type="checkbox"/>
EDP - Required by 8th Grade		<input type="checkbox"/>
Differential Assessment - Completed by Referring Staff		<input type="checkbox"/>

Current within one year	Date	Enclosed
M.E.T		<input type="checkbox"/>
I.E.P.T report		<input type="checkbox"/>
Psychological Evaluation		<input type="checkbox"/>
Manifestation Determination Review (MDR) (if applicable)		<input type="checkbox"/>
Academic Assessment		<input type="checkbox"/>
Teacher Report - Including Intervention Strategies		<input type="checkbox"/>

Current within one month	Date	Enclosed
Social History and Narrative Evaluation		<input type="checkbox"/>
Inventory of Student Behavior		<input type="checkbox"/>
Transcript - Secondary Students		<input type="checkbox"/>
Functional Behavior Assessment		<input type="checkbox"/>
Behavior Intervention Plan (BIP)		<input type="checkbox"/>
Records of BIP Reviews/Revisions		<input type="checkbox"/>

Ancillary Service Reports	Date	Enclosed
Psychiatric Consultation Reports		<input type="checkbox"/>
Counselor Report		<input type="checkbox"/>
Speech and Language Report		<input type="checkbox"/>
Vocational Assessment		<input type="checkbox"/>
Other (e.g., Private Therapy, Discharge Summary from Hospital)		<input type="checkbox"/>

**List Outside Sources of Information/Involvement and Contact Person/Phone Number:**

(e.g., Medical, Medication History, History of TBI, Community Mental Health, Protective Services Involvement)

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<b>Current Medication</b>	<b>Dosage</b>	<b>Purpose</b>	<b>Taken In School?</b>	<b>Prescribed By</b>
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Phone number of Contact Person

\_\_\_\_\_  
Signature of District Director

\_\_\_\_\_  
Signature of Building Principal

<b>For Office Use Only:</b> Date Received: _____ Received By: _____
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## Inventory of Student Behavior

Student name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Resident District: \_\_\_\_\_ Current school: \_\_\_\_\_

Grade/Placement: \_\_\_\_\_ Date completed: \_\_\_\_\_

Completed by: \_\_\_\_\_ Title: \_\_\_\_\_

Characteristics Describing Student Behavior	Describe Behavior
1. Has friends	
2. Plays, socializes or engages in recreation with others	
3. Deviant social relationships	
4. Communicates appropriately with teachers and peers	
5. Puts up a good front to impress and exploit others	
6. Fearful of teachers	
7. Fearful of peers	
8. Rejection of authority and discipline	
9. Scapegoated by classmates	
10. Violates the rights of others	
11. Teases classmates	
12. Demonstrates socialized behavior with his/her accepted peer group	
13. Withdraws from group activity	
14. Over-reacts in normal circumstances.	
15. Rebels against school routine and restrictions.	
16. Lacks appropriate fear	
17. Lack of guilt	
18. Flat, blunted or distorted affect	
19. Adequate conscience development	
20. Self-mutilates	
21. Delusions or hallucinations	
22. Bizarre behaviors	
23. Manic behaviors	
24. Thought disorders	
25. Diminished thought patterns	
26. Ability to profit from mistakes	
27. Disorganized speech patterns	
28. Quick ability to rationalize and project the blame for socially disapproved behavior	
29. Obsessive thoughts or actions	
30. Peculiar posturing or tics	
31. Unexplained rage reactions	
32. Inappropriate laughter and/or crying	
33. Seeks immediate gratification	
34. Excessive fantasy	
35. Severe mood swings	
36. Interested in school	
37. Attends regularly	
38. Attends on time	

**Inventory of Student Behavior**

**Student Name:** \_\_\_\_\_

<b>Characteristics Describing Student Behavior</b>	<b>Describe Behavior</b>
39. Lack of interest or pleasure from usual activities and pastimes	
40. Prominent depression, sadness, irritability	
41. Extremes in appetite, weight gain or loss	
42. Psychomotor agitation or retardation	
43. Lacks energy. Easily fatigued.	
44. Feelings of worthlessness	
45. Excessive guilt	
46. Recurring thoughts regarding death/suicide	
47. Physical symptoms without organic or explainable basis	
48. Persistent fear of specific object, activity or situation which results in compulsive avoidance	
49. Catastrophic thinking	
50. Dislikes school	
51. Anxiety with no apparent cause	
52. Attention seeking from teachers	
53. Attention seeking from peers	
54. Stealing	
55. Substance Abuse	
56. Habitual Lying	
57. Gang Activities	

58. Any additional factors that may interfere in student's educational performance:

\_\_\_\_\_

59. Student's overall energy level:  High  Average  Low

60. Identify student's positive behaviors: \_\_\_\_\_

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

61. List five target behaviors needing change that are essential for the student's successful functioning in the classroom:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

## Teacher Report

Make copies and have completed by all staff working with this student.

Student name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Grade/Subject: \_\_\_\_\_

Completed by: \_\_\_\_\_ Date completed: \_\_\_\_\_

Title: \_\_\_\_\_

### Academic Functioning

Please describe present level of academic functioning in your class (Independent/With Assistance).

	Grade Level	Independent	W/Assistance
Reading			
Math			
Spelling			
Language			
Handwriting			
Other			

### Behavior Strengths/Concerns/Interventions

Please describe student's behavior classroom strengths.

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Please describe student's behavior classroom concerns.

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Please describe behavior plan/strategies used to address these concerns.

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Additional information can be attached to this report if needed.

## Student Interview

Student name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Resident District: \_\_\_\_\_ Current School: \_\_\_\_\_  
Interviewer: \_\_\_\_\_ Title: \_\_\_\_\_  
Date Completed: \_\_\_\_\_

1. In general, is your work too hard for you?  
What is the hardest?
2. In general, is your work too easy for you?  
What is the easiest?
3. When you ask for help appropriately, do you get it?
4. Do you think work periods for each subject are too long?
5. Do you think work periods for each subject are too short?
6. When you do seatwork, do you do better when someone works with you?
7. Do you think people notice when you do a good job?
8. Do you think you get points or rewards you deserve when you do good work?
9. Do you think you would do better in school if you received more rewards?
10. In general, do you find your work interesting?
11. Are there thing in the classroom that distract you?
12. Is your work challenging enough for you?
13. When do you think you have the fewest problems in school? \_\_\_\_\_  
\_\_\_\_\_
14. Why do you think you do not have these problems during this/these time(s)? \_\_\_\_\_  
\_\_\_\_\_
15. Why do you have problems during this/these time(s)? \_\_\_\_\_  
\_\_\_\_\_
16. What changes could be made so that you have fewer problems with this behavior? \_\_\_\_\_  
\_\_\_\_\_

**Student Interview**

**Student Name:** \_\_\_\_\_

17. In your current schedule what is your favorite subject/class? Why? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

18. What subject is your least favorite? Why? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

19. If you could change one subject/class what would it be? Why? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Student Interview**

**Student Name:** \_\_\_\_\_

*May be completed by student first and then reviewed with adult.*

**Reinforcement Survey – Sentence Completion**

1. My favorite adult at school is: \_\_\_\_\_  
The things I like to do with this adult are: \_\_\_\_\_
2. My best friend at school is: \_\_\_\_\_  
Some things I like to do with my best friend at school are: \_\_\_\_\_
3. Some other friends I have at school are: \_\_\_\_\_  
Some things I like to do with them are: \_\_\_\_\_
4. When I do well in school, a person I'd like to know about it is: \_\_\_\_\_
5. When I do well in school, I wish my teacher would: \_\_\_\_\_
6. At school, I'd like to spend more time with: \_\_\_\_\_  
Some things I'd like to do with this person are: \_\_\_\_\_
7. One thing I'd really like to do more in school is: \_\_\_\_\_
8. When I have free time at school I like to: \_\_\_\_\_
9. I feel great in school when: \_\_\_\_\_
10. The person who likes me best at school is: \_\_\_\_\_  
I think this person likes me because: \_\_\_\_\_
11. I will do almost anything to keep from: \_\_\_\_\_
12. The kind of punishment at school that I hate most is: \_\_\_\_\_
13. I sure get mad at school when I can't: \_\_\_\_\_
14. The thing that upsets my teacher the most is: \_\_\_\_\_
15. The thing that upsets me the most is: \_\_\_\_\_

**Inventory of Reinforcers – Check all that apply for each section below.**

Favorite Edible Reinforcers		Favorite Tangible Items	
<input type="checkbox"/> candy	<input type="checkbox"/> fruit	<input type="checkbox"/> stuffed animals	<input type="checkbox"/> pencils, pens, crayons
<input type="checkbox"/> drinks	<input type="checkbox"/> cereal	<input type="checkbox"/> paper	<input type="checkbox"/> trucks, tractors
<input type="checkbox"/> snacks	<input type="checkbox"/> nuts	<input type="checkbox"/> sports equipment	<input type="checkbox"/> toys
<input type="checkbox"/> vegetables	<input type="checkbox"/> other (specify)	<input type="checkbox"/> books	<input type="checkbox"/> puzzles
		<input type="checkbox"/> video games	<input type="checkbox"/> other (specify)

Academic Reinforcers		Social Reinforcers	
<input type="checkbox"/> going to library	<input type="checkbox"/> having good work displayed	<input type="checkbox"/> teaching things to other people	
<input type="checkbox"/> getting good grades	<input type="checkbox"/> giving reports	<input type="checkbox"/> being the teacher's helper	
<input type="checkbox"/> making projects	<input type="checkbox"/> earning teacher praise	<input type="checkbox"/> spending time with my friends	
<input type="checkbox"/> helping grade papers	<input type="checkbox"/> getting a good note home	<input type="checkbox"/> spending time with the teacher	
<input type="checkbox"/> earning stickers, points, etc.		<input type="checkbox"/> spending time with the principal	
<input type="checkbox"/> having parents praise good school work		<input type="checkbox"/> having class parties	
<input type="checkbox"/> completing creative writing projects		<input type="checkbox"/> working with my friends in class	
<input type="checkbox"/> other (specify)		<input type="checkbox"/> being a leader in the class	
		<input type="checkbox"/> being a tutor	<input type="checkbox"/> other (specify)

Activity Reinforcers		Recreation/Leisure Reinforcers	
<input type="checkbox"/> coloring/drawing/painting	<input type="checkbox"/> making things (specify)	<input type="checkbox"/> listening to music	<input type="checkbox"/> singing
<input type="checkbox"/> going on field trips	<input type="checkbox"/> going shopping	<input type="checkbox"/> watching TV	<input type="checkbox"/> cooking
<input type="checkbox"/> eating out in a restaurant	<input type="checkbox"/> going to movies	<input type="checkbox"/> building models	<input type="checkbox"/> favorite sports
<input type="checkbox"/> spending time alone	<input type="checkbox"/> reading	<input type="checkbox"/> playing a musical instrument	
<input type="checkbox"/> having free time in class	<input type="checkbox"/> having extra gym/recess time	<input type="checkbox"/> woodworking/carpentry	
<input type="checkbox"/> taking care of/playing with animals		<input type="checkbox"/> working with crafts	<input type="checkbox"/> other (specify)
<input type="checkbox"/> working on the computer	<input type="checkbox"/> other (specify)		

## Differential Assessment

*Make copies and have completed by all staff working with this student.*

Student name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Current School: \_\_\_\_\_ Grade: \_\_\_\_\_

Completed by social worker: \_\_\_\_\_ Date completed: \_\_\_\_\_

Completed by teacher: \_\_\_\_\_

Please read each descriptor: Indicate if this common characteristic is mostly true or mostly false for this student.

True	False	
<input type="checkbox"/>	<input type="checkbox"/>	Seen as unable to comply to school expectations; inconsistent achievement; expects help or has difficulty asking for help.
<input type="checkbox"/>	<input type="checkbox"/>	Behavior seems motivated by attaining power or control.
<input type="checkbox"/>	<input type="checkbox"/>	School is a source of confusion and anxiety; often responds to structure.
<input type="checkbox"/>	<input type="checkbox"/>	Misses school due to emotional issues or psychosomatic issues.
<input type="checkbox"/>	<input type="checkbox"/>	Behavior is intentional with features of anger and rage.
<input type="checkbox"/>	<input type="checkbox"/>	Understands the school rules and chooses to violate them. Knows right from wrong and chooses wrong.
<input type="checkbox"/>	<input type="checkbox"/>	Seems to ignore people who are attempting to alter his/her socially unacceptable behavior.
<input type="checkbox"/>	<input type="checkbox"/>	Achievement is often uneven; attention and concentration in school is impaired by anxiety, depression or other affective disorders.
<input type="checkbox"/>	<input type="checkbox"/>	Has poorly developed social skills and has difficulty reading social cues.
<input type="checkbox"/>	<input type="checkbox"/>	Has a positive, though generally inflated, self-concept.
<input type="checkbox"/>	<input type="checkbox"/>	Uses or abuses substances with peer group for a variety of reasons.
<input type="checkbox"/>	<input type="checkbox"/>	Appears to be ignored by peers.
<input type="checkbox"/>	<input type="checkbox"/>	Appears narcissistic; having inflated ego.
<input type="checkbox"/>	<input type="checkbox"/>	Has younger or no real friends.
<input type="checkbox"/>	<input type="checkbox"/>	Perceived by peers as bizarre or odd.
<input type="checkbox"/>	<input type="checkbox"/>	Social skills are appropriate for age and may seem above age or "mature."
<input type="checkbox"/>	<input type="checkbox"/>	Does not establish or maintain social relationships; avoids people or has severely withdrawn behavior. Seems to want friendships, but not able to maintain them.
<input type="checkbox"/>	<input type="checkbox"/>	Oriented to reality with "street-wise" perspective.
<input type="checkbox"/>	<input type="checkbox"/>	Physically awkward, "goofy" or clumsy. May be uncomfortable with physicality.

**Differential Assessment**

**Student Name:** \_\_\_\_\_

True	False	
<input type="checkbox"/>	<input type="checkbox"/>	Has demonstrated little remorse for behavior and lack of empathy noted.
<input type="checkbox"/>	<input type="checkbox"/>	Many relationships with peers within a specific group; relationships characterized as exploitive and manipulative; lack of honesty; ability to exploit others by charm.
<input type="checkbox"/>	<input type="checkbox"/>	Withdrawn or unhappy in group situations.
<input type="checkbox"/>	<input type="checkbox"/>	Often characterized by pervasively poor self-concepts; often overly dependent or impulsively defiant; is generally anxious, fearful; having mood swings from depression to high anxiety; frequent inappropriate affect; frequent denial and confusion; often distort reality without regard to self-interest.
<input type="checkbox"/>	<input type="checkbox"/>	Consistently poor adaptive behavior.
<input type="checkbox"/>	<input type="checkbox"/>	Well-attuned social skills; well developed for age.
<input type="checkbox"/>	<input type="checkbox"/>	Problems primarily in the affective domain.
<input type="checkbox"/>	<input type="checkbox"/>	Perceived by peers as cool, tough, charismatic.
<input type="checkbox"/>	<input type="checkbox"/>	Aggression directed to self; hurts self.
<input type="checkbox"/>	<input type="checkbox"/>	Affiliated with social group.
<input type="checkbox"/>	<input type="checkbox"/>	Appears tense or fearful.
<input type="checkbox"/>	<input type="checkbox"/>	Adaptive behavior situation dependent.
<input type="checkbox"/>	<input type="checkbox"/>	Limited capacity for pleasure; rarely experiencing truly satisfied feeling; may express suicide ideation, self-mutilation and other self-injurious behaviors.
<input type="checkbox"/>	<input type="checkbox"/>	Tends to dislike school except as a place for peer contacts.
<input type="checkbox"/>	<input type="checkbox"/>	Problems represent a character disorder.
<input type="checkbox"/>	<input type="checkbox"/>	Educational performance low due to avoidance of achievement even in areas of competence.
<input type="checkbox"/>	<input type="checkbox"/>	Aggression achieves a purpose; hurting others is a means to an end.
<input type="checkbox"/>	<input type="checkbox"/>	Emotional reaction disproportionate and not under student's control.
<input type="checkbox"/>	<input type="checkbox"/>	Often self-critical; unable to have fun or feeling guilty or remorseful.
<input type="checkbox"/>	<input type="checkbox"/>	Often in a fantasy world, appears gullible or naïve; may have thought disorder or hallucinations.
<input type="checkbox"/>	<input type="checkbox"/>	Tends to be independent and self-assured; may show courage, responsibility and imagination but towards socially undesirable ends.
<input type="checkbox"/>	<input type="checkbox"/>	Appears relaxed or "cool."

**Differential Assessment**

**Student Name:** \_\_\_\_\_

True	False	
<input type="checkbox"/>	<input type="checkbox"/>	Overall development appears immature, inappropriate for age.
<input type="checkbox"/>	<input type="checkbox"/>	Unsure of self; poor self-concept.
<input type="checkbox"/>	<input type="checkbox"/>	Seems outgoing in group participation.
<input type="checkbox"/>	<input type="checkbox"/>	Avoids risks.
<input type="checkbox"/>	<input type="checkbox"/>	Exceeds allowed absences, could be considered for truancy.
<input type="checkbox"/>	<input type="checkbox"/>	Physical presence is smooth and agile.
<input type="checkbox"/>	<input type="checkbox"/>	Responds to appropriate consequences particularly when consistent and structured.
<input type="checkbox"/>	<input type="checkbox"/>	Can be described as person that tends to internalize.
<input type="checkbox"/>	<input type="checkbox"/>	Generally reacts toward situations with appropriate affect, but lacks appropriate guild. Rebels against rules and structure.
<input type="checkbox"/>	<input type="checkbox"/>	Not sure of rules; "Doesn't get it."
<input type="checkbox"/>	<input type="checkbox"/>	In school seen as unwilling to comply with directions, rejects help, callous disregard for right of needs of others.
<input type="checkbox"/>	<input type="checkbox"/>	Often motivated by fear and/ or anxiety.
<input type="checkbox"/>	<input type="checkbox"/>	Isolates self when abusing substances.
<input type="checkbox"/>	<input type="checkbox"/>	Friends are same age or older; friends may be delinquent.
<input type="checkbox"/>	<input type="checkbox"/>	Blames others for his/her problems; but is otherwise reality oriented.

*Adapted from Social Maladjustment: A Guide to Differential Diagnosis and Educational Options*  
 (Wayne County Regional Educational Service Agency 2001)