

Demographics						
<i>To be completed by practitioner and/or with the family</i>						
Patient Name		Caregiver Name		Caregiver Role		Date
Diagnosis				Age		Grade
School Name				School Contact		
Type of School	Public	Private	Charter	Online	Home School	Pre-K/Daycare
Length of Time in Current School						
Academic Information						
<i>To be completed by practitioner and/or with the family</i>						
Instructions to parent: Please respond to the following items based on your child's CURRENT status. Describe your child's...						
School strengths						
School weaknesses						
Average grades/GPA/ current academic standing (i.e., is your child behind with his/her school work, etc.?)						
School schedule and Classroom setting (i.e., honors/AP, resource room, etc.)						
Formal school plan	IEP/ISP	504/ Accommodation Plan	IHP	None		
Approximate # of absences	0-5	6-10	11-15	16+		
Has your child undergone a neuropsychological evaluation?	Yes		No	Referral Needed		
Physical and Health Management at School						
<i>To be completed by practitioner and/or with the family</i>						
Instructions to parent: Please respond to the following items based on your child's CURRENT status. Does your child...						
Have access to a school nurse in his/her building?	Part-time		Full-Time		No	
Need medication at school?	If yes, specify:					

Physical and Health Management at School						
<i>To be completed by practitioner and/or with the family</i>						
Instructions to parent: Please respond to the following items based on your child's CURRENT status.						
Does your child...						
Receive special/related services?	OT	PT	Speech	Transportation		
Have access to an elevator at school?	Yes	No		N/A		
Other medical information						
Psychosocial Information for School						
<i>To be completed by practitioner and/or with the family</i>						
Instructions to parent: Please respond to the following items based on your child's CURRENT status.						
Additional information about your child...						
Interests or extracurricular activities						
Siblings (name/age/school for each sibling, etc.)						
Risk Assessment						
<i>To be completed by practitioner with the family</i>						
Do you or anyone else (i.e., child, child's school, child's care team, etc.) have concerns about:	Yes Anticipated	Yes Current	Yes Prior Concern (Unresolved)	Not an Issue or Resolved	Retention Notes:	Retention Total:
Your child repeating a grade? (i.e., was "held back" or is at risk for being "held back")	+1	+2	+2	+0		
Your child's school attendance? (i.e., frequent late arrivals, early departure, partial day attendance, or full day absences that impact academic progress, and/or your child's access to quality home instruction)	+3	+4	+3	+0	Attendance Notes	Attendance Total:

¹Prior concern, unresolved: Refers to a problem or concern that occurred in the past that is no longer a current issue, yet has had lasting effects on the student's education

Risk Assessment						
<i>To be completed by practitioner with the family</i>						
Do you or anyone else (i.e., child, child's school, child's care team, etc.) have concerns about:	Yes Anticipated	Yes Current	Yes Prior Concern (Unresolved)	Not an Issue or Resolved	Academic Notes	Academic Performance Total
Your child's school/academic performance?	+3	+4	+3	+0		
School supports or accommodations for your child? (e.g., extra time, small group instruction, frequent breaks, special transportation, etc.)	+2	+4	+3	+0	Accommodation Notes	Accommodation Total:
Your child's peer relationships? (i.e., making or keeping friends, interacting with same-age peers, etc.)	+0	+1	+1	+0	Social/Emotional Notes	Social/Emotional Total:
Your child's emotions or behavior at school?	+1	+3	+2	+0		
Your comfort level and/or ability to explain your child's medical and/or educational needs in the school setting?	+1	+2	+1	+0	Parent Readiness Notes	Parent Readiness Total:
BSNI Total:	Risk Score Range: E1 [0 -6] E2 [7 -13] E3[14 -20]					

¹Prior concern, unresolved: Refers to a problem or concern that occurred in the past that is no longer a current issue, yet has had lasting effects on the student's education

Education Risk Calculation

To be completed by practitioner (School Intervention Specialist). Using input and considerations from the patient's care team (i.e., medical and/or psychosocial care providers) and other available sources (e.g., medical records, prior school history when known, etc.), how would you best describe...

The family's preparedness relative to school advocacy/need for support?	Low (+0) Family is empowered to self-advocate	Moderate (+1) Family needs some support with advocacy	High (+2) Family may be at risk without targeted interventions
The patient's current health status as it may impact school participation?	Chronic (+0) Off treatment or indefinite treatment but stable with routine follow-up	Active (+1) Stable but receiving treatment with frequent follow up	Acute (+2) <i>Recent trauma/serious medical incident/current complex care needs</i>
The patient's education risk?	Low (+1) Categorized as E1 per risk assessment above	Moderate (+3) Categorized as E2 per risk assessment above	High (+5) Categorized as E3 per risk assessment above
Composite Education Risk <i>(Calculated by adding the scores for advocacy, health status and education risk from above)</i>	Low [1-2]	Moderate [3-5]	High [6-+]

Needs Assessment

To be completed with the family

Do you feel you need assistance:	Yes	No	Unsure/ NA	Notes
Sharing medical or educational information with your child's school team?				
Establishing home instruction?				
Requesting or creating a written plan to document your child's needs? (e.g., 504/accommodation plan, health plan, IEP, etc.)				
Requesting special services at school for your child? (e.g., transportation, medication administration, speech therapy, etc.)				
Amending or updating a current educational plan? (e.g., IEP, 504, etc.)				
Addressing difficulties with your child's social or extra-curricular				