



# Emotional Disability

## Multidisciplinary Evaluation Form—Confidential

Office of Special Education  
MONTGOMERY COUNTY PUBLIC SCHOOLS • Rockville, Maryland 20850

**MCPS Form 336-67**  
**July 2017**  
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**PART I**

**Directions:** Attach this supplement to the evaluation Individualized Education Program (IEP) team meeting form when an Emotional Disability is suspected.

Student Name \_\_\_\_\_ Student ID Number \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**A. Previously Identified Educational Disability**

**Directions:** Check as many as are confirmed.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Autism                  | <input type="checkbox"/> Emotional Disability      | <input type="checkbox"/> Other Health Impairment      |
| <input type="checkbox"/> Blind/Visually Impaired | <input type="checkbox"/> Intellectual Disabilities | <input type="checkbox"/> Specific Learning Disability |
| <input type="checkbox"/> Deaf/Hard of Hearing    | <input type="checkbox"/> Multiple Disabilities     | <input type="checkbox"/> Speech/Language Impairment   |
| <input type="checkbox"/> Developmental Delay     | <input type="checkbox"/> Orthopedic Impairment     | <input type="checkbox"/> Traumatic Brain Injury       |

**B. Assessed Intellectual and Academic Ability Levels**

**Directions:** Include dates, names of tests and standard scores. If no data is entered, state the reason for its absence.

Cognitive Data: \_\_\_\_\_

Achievement Data: \_\_\_\_\_

Other: \_\_\_\_\_

**C. Techniques Employed**

**Directions:** Provide dates.

Record Review: \_\_\_\_\_ (Dates) Staff Consultations: \_\_\_\_\_ (Dates) Parent/Guardian Interview(s): \_\_\_\_\_ (Dates)

Observation(s): \_\_\_\_\_ (Dates) Student Interview: \_\_\_\_\_ (Dates)

Behavior Rating Scales: \_\_\_\_\_ (Instruments/Dates)

Psychodiagnostics: \_\_\_\_\_ (Instruments/Dates)

Functional Behavioral Assessment(s): \_\_\_\_\_ (Dates)

**D. Characteristics**

**Directions:** As a prerequisite to finding that a student has an Emotional Disability under *Individuals with Disabilities Education Act* (IDEA), the school psychologist must find evidence that an emotional condition exists that exhibits **one or more** of the following characteristics **over a long period of time and to a marked degree**.

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. An inability to learn that cannot be explained by intellectual, sensory, or health factors.                | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. An inability to build or maintain satisfactory interpersonal relationships with peers <b>and</b> teachers. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Inappropriate types of behavior or feelings under normal circumstances.                                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. A general pervasive mood of unhappiness or depression.   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. A tendency to develop physical symptoms or fears associated with personal or school problems.              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

I certify that I have found evidence that the student  EXHIBITS/  DOES NOT EXHIBIT (check one) an emotional condition based on the characteristics I have checked above AND that all affirmative characteristics reflect an emotional condition that is not solely the result of social maladjustment.

\_\_\_\_\_  
School Psychologist's Signature Date

*If the school psychologist certifies the presence of an emotional condition, the IEP team should discuss whether or not there is an adverse educational impact directly related to the emotional condition.*

*If the school psychologist does not certify the presence of an emotional condition, the case is referred either to the Collaborative Problem Solving (CPS) Team or the Educational Management Team (EMT) for further interventions, or to an IEP team for consideration of a disability other than Emotional Disability.*

Student Name \_\_\_\_\_ Student ID Number \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**A. Adverse Educational impact:**

A student **must meet all of the criteria**, which are a direct manifestation of the emotional condition, for the IEP team to confirm adverse educational impact. The behaviors must be long-standing (observed over a long period of time) and occur regularly and often enough to interfere to a marked degree with the student’s own learning process or they may result from an acute emotional condition, such as a psychotic break or post-traumatic stress syndrome.

1. Is there evidence that despite having received supportive regular education assistance the student still exhibits behaviors that are directly related to the emotional condition documented by the psychologist’s report? **Yes**  **No**

**Documentation:**  Positive Behavioral Intervention plan/contract  staff member contacts  instructional modifications  
 serious incident reports

other: \_\_\_\_\_

2. Is there evidence that the student’s own learning process is significantly disrupted because of an emotional condition? **Yes**  **No**

**Documentation:**  classroom participation  availability for instruction  appropriate social functioning  current grades  
 degree of engaged learning  curriculum based measures  serious incident reports

other: \_\_\_\_\_

3. Is there evidence that the emotional condition **is not** primarily the result of physical, sensory, or intellectual disability; lack of appropriate instruction or management of behavior; cultural factors; or social maladjustment? **Yes**  **No**

**Documentation:**  curriculum based measures  parent/family reports and questionnaires  identifiable peer relationships

other: \_\_\_\_\_

4. Is there evidence that the patterns of behavior occur in **more than one setting/class**? **Yes**  **No**

**Documentation:**  teacher reports  office referrals  serious incident reports  report cards  observations

other: \_\_\_\_\_

**B. Team Decision:**

The student **meets criteria for Emotional Disability** found in the IDEA 2004 and in *Code of Maryland Regulations (COMAR) 13A.05.01.03(23)*. The IEP team should now determine whether or not the student needs special education and related services.

The student **does not meet criteria for Emotional Disability** found in the IDEA 2004 and in COMAR 13A.05.01.03. The student should be referred to the CPS Team or EMT for additional interventions or to an IEP team for consideration of a disability other than Emotional Disability.

**C. Signatures of IEP Team Members:** The team decision reflects my opinion.

Name	Title	Yes	No
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Dissenting team members **must** attach a separate statement explaining their conclusions. When there is a dissenting opinion, send a copy of the dissenting opinion, along with a copy of this completed form, to the Resolution and Compliance Unit.