

*To be completed by the Teacher

School Placement Inventory

Conroy-Merck Intensive Treatment Program

Pittsburgh Conroy School

1398 Page St.

Pittsburgh, PA 15233

Fax: (412) 323-3495

Child's Name: _____

Date: _____

Teacher: _____

Phone: _____

Grade: _____

School Name and Address:

(Describe BRIEFLY the child's status/performance for each of the following areas)

1. SUMMARIZE CHILD'S SPECIAL EDUCATION PLACEMENT (Specify handicapping conditions of the classroom type, number of students in classroom, teacher/pupil ratio, and amount of time spent in regular/special therapies classrooms)

2. LIST CHILD'S STRENGTHS

3. CLASSROOM BEHAVIOR Please be specific.

*Appropriate behavior: _____

On task duration: _____

*Inappropriate behavior: _____

Frequency per day: _____

Duration of each behavior per episode: _____

4. FUNCTIONAL COMMUNICATION (Verbal/Gestural/Expressive/Receptive)

5. INDEPENDENT TASK WORK (On-task skills with/without teacher directives/attending)

6. GROUP ATTENDING (Level of participation)

7. FOLLOWING CLASS ROUTINE (independent/verbal and/or manual directives)

8. SELF-CARE SKILLS (Mealtime/Toileting/Dressing)

9. SOCIAL/PLAY SKILLS (level of development/Peer play)

10. LEISURE SKILLS (level of independent play)

MOST POWERFUL REINFORCERS (Verbal/Physical/People/Foods/Activities/Objects)

What are you currently using? _____

What schedule of reinforcement? _____

OTHER GENERAL PERTINENT INSTRUCTIONAL CONSIDERATIONS AND COMMENTS:

*Please indicate what in your opinion are the most critical and immediate goals for this child (both behaviorally and developmentally).

*Please include a copy of positive behavioral support plan and most recent psychological evaluation.