

Children's Partnership Education Questionnaire

Please consult with child's school Care Coordinator to obtain accurate info.

Today's Date (MM/DD/YY) _____

Child's Name/TCM ID: _____

Care Coordinator Name _____

Timeframe:

- (1) Intake
- (2) 90 day follow-up

Child's Grade in School:

-If not in school, highest grade completed before now

When school was in session, how many days was s/he absent on average in the last 90 days? Include excused and unexcused absences.

- (1) 3 or more days per week
- (2) 2 to 3 days per week
- (3) About 1 day per week
- (4) About 1 day every 2 weeks
- (5) About 1 day per month
- (6) Less than 1 day per month

Approximately how many days was child absent without an excuse in the past 90 days? _____

In the past 90 days, what kinds of schools and school settings was s/he in? Check ALL that apply.

- (1) Regular public day school
- (2) Regular private day or boarding school/academy
- (3) Home schooling (caregiver or other family member provides schooling in the home and has sole responsibility for child's education)
- (4) Home-based instruction (teacher comes to home and/or teacher provides education to child via distance learning of some form)
- (5) Combination of home schooling and home-based instruction
- (6) Alternative/special day school; can be public or private [IE Day treatment program, school devoted solely to meeting child's special education needs, including those related to behavior and emotional problems, or Interim Alternative Education Setting (IAES)].
- (7) Receiving schooling in 24 hour hospital setting
- (8) Receiving schooling in 24 hour juvenile justice facility/detention center/jail
- (9) Receiving schooling in 24 hour residential treatment center/group home/shelter
- (10) Other (Please specify)

In the past 90 days, did child have a special education plan (IEP)?

- (1) No
- (2) Yes

IF YES:

What was the main reason that child had an IEP? Check ALL that apply.

- (1) Behavioral/Emotional Problems
- (2) Learning Disability
- (3) Physical Disability
- (4) Developmental Disability and/or Mental Retardation
- (5) Vision and/or Hearing Impairment
- (6) Speech Impairment
- (7) Other Reason (please specify)

For what percentage of the day did child take special education classes (including classes where some children received special education and some did not)?

- (1) 0-25% of the school day
- (2) 25-50% of the school day
- (3) 50-75% of the school day
- (4) 75-100% of the school day
- (5) Other (please specify)

In the past 90 days, was child ever suspended for one day or more? (This includes both in-school suspension and out of school suspension)

- (1) No
- (2) Yes

IF YES:

During the Last 90 days, approximately how many days was child in in-school suspension? _____

During the last 90 days, approximately how many days was child in out of school suspension? _____

In the last 90 days, was child ever sent to detention?

- (1) No
- (2) Yes

IF YES:

Approximately how many times was child sent to detention in the last 90 days? _____

In the last 90 days, was child ever expelled?

- (1) No
- (2) Yes

IF YES:

Approximately how many times was child expelled in the last 90 days? _____

Was any kind of education provided to child while s/he was expelled? (May include a transfer to another school home schooling, and/or home visits by teacher)

- (1) No
- (2) Yes

***As a result of detention, suspension, and/or expulsion, was a plan adapted to manage or improve child's behavior? (IE temporarily sent to an alternative school)**

- (1) No
- (2) Yes

***If a plan already existed, did it have to be revised or changed due to the detention/suspension/expulsion?**

- (1) No
- (2) Yes

Which of the following best describes child's grades or school performance in the last 90 days?

- (1) Failing all or most of classes
- (2) Failing about half of classes
- (3) Grade average 'D'
- (4) Grade average 'C'
- (5) Grade average 'B'
- (6) Grade average 'A'
- (7) School or program does not grade and doing Unsatisfactory (U) or failing
- (8) School or program does not grade and doing Satisfactory (S) or doing Okay
- (9) School or program does not grade and doing Needs Improvement (N)
- (10) Other (please specify)

Please return this form within 30 days of Intake and at 90 day Follow up to:

**Toni Perkins
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