

RUBRIC FOR EMOTIONALLY/BEHAVIOURALLY DISTURBED

MET #: _____ DOB: _____
 Name: _____ Parent/Legal Guardian: _____
 Age: _____ Grade: _____ School: _____
 Submitted Category: _____ Date: _____
 Level I Level II Level III

STUDENT PROFILE

Behavioural Component

Impulsive Sexual Dangerous <input type="checkbox"/> Not Reported	<input type="checkbox"/> distractible, emotional, disruptive <input type="checkbox"/> precocious, suggestive, sexual comments or gestures <input type="checkbox"/> noncompliant, oppositional, aggressive, defiant	<input type="checkbox"/> constant outbursts, out of control, physical tantrums <input type="checkbox"/> imitates sexual behaviours, masturbates in public, sexually harasses <input type="checkbox"/> damages property, threatens staff and students, fights often	<input type="checkbox"/> places self or others in imminent danger <input type="checkbox"/> stalks students, sexually assaults students or staff <input type="checkbox"/> mutilates animals, assaults staff or students <i>Must be pervasive & chronic</i>
---	--	--	--

Emotional Component

Formal Diagnosis Experiences Indicators <input type="checkbox"/> Not Reported	<input type="checkbox"/> biochemical/organic disorder or psychiatric disorder (e.g. learning disabled, Tourette syndrome, attention deficit disorder, hyperactive disorder, depression) <input type="checkbox"/> difficult life experiences (e.g. school problems, parenting issues, family conflict, lack of friendships, or negative peer pressures) <input type="checkbox"/> emotional responses consistent with the above (e.g. negative self-talk, fearful, helpless, angry or moody)	<input type="checkbox"/> complex or severe biochemical/organic or psychiatric disorder (e.g. conduct disorder, suicidal, borderline personality) <input type="checkbox"/> severely destructive life experiences (e.g. series of family crises, traumatic events, history of neglect, abandonment, family substance abuse or spousal abuse) <input type="checkbox"/> intense emotional responses consistent with the above (e.g. severe indications of post-traumatic stress disorder, freezes, huddles in fetal position, emotionally cold in variety of sensitive situations)	<input type="checkbox"/> profoundly damaging life experiences (e.g. history of severe and repeated abuse, multiple placements, severe neglect and/or extreme loss of rejection)
--	--	--	---

Service Needs

School	<input type="checkbox"/> prosocial skills training, behaviour modification programs and/or academic programming	<input type="checkbox"/> special placement or exceptional support (e.g. approved class for EBD, specialized support for supervision for much of the school day with clinical supports/interventions)	<input type="checkbox"/> exceptional support required for placement in school (e.g. intensive one-to-one support and supervised programming)
Outside	<input type="checkbox"/> parenting courses, public health, family doctor, or special interest support groups	<input type="checkbox"/> involvement of child welfare, mental health or youth corrections	<input type="checkbox"/> child welfare, mental health and/or youth corrections involved
<input type="checkbox"/> Not Reported			

RESOURCE PROFILE**School Supports**

<input type="checkbox"/> Not Reported	<input type="checkbox"/> regular class or special class with specialized academic programming and involvement of resource and/or counselor	<input type="checkbox"/> regular classroom with specialized support and supervision, and/or approved classroom or school run home program with plan to integrate student	<input type="checkbox"/> attendance at school with placement in regular class and/or approved classroom intensive one-to-one support and supervised programming
---------------------------------------	--	--	---

Clinical Supports

<input type="checkbox"/> Not Reported	<input type="checkbox"/> comprehensive assessments <input type="checkbox"/> ongoing consultations with school and/or home	<input type="checkbox"/> provides direct therapy to family or student <input type="checkbox"/> actively involved in programming including monitoring and revision	<input type="checkbox"/> clinician is involved with outside agencies in developing community services <input type="checkbox"/> clinician(s) are highly involved in multisystem planning
---------------------------------------	--	--	--

Therapy

<input type="checkbox"/> Not Reported	<input type="checkbox"/> prosocial skills training or counseling (e.g. including anger management, conflict resolution, second step, Lion's Quest)	<input type="checkbox"/> individual direct psychotherapy or pharmacological interventions provided to student	<input type="checkbox"/> therapy provided as part of multisystem plan and therapeutic goals based on shared services goals
---------------------------------------	--	---	--

Outside Reports

<input type="checkbox"/> Not Reported	<input type="checkbox"/> family doctor, optometrist, public health nurse, addictions worker <input type="checkbox"/> professionals not directly related to social-emotional professions (e.g. OT, PT)	<input type="checkbox"/> supports are provided such as special rate foster placement, respite treatment setting (e.g. MYS, Knowles, Marymound) <input type="checkbox"/> youth corrections providing direct services to the student (e.g. probation providing training, MYC, etc.)	<input type="checkbox"/> child welfare providing intensive support as part of a multisystem plan based on shared service goals <input type="checkbox"/> youth corrections providing intensive supports to students and family as part of a multisystem plan based on shared service goals
---------------------------------------	--	--	--

INTERVENTIONS

Attendance /190 Rationale:	<input type="checkbox"/> IEP or similar plan that address social/behaviour domains	<input type="checkbox"/> IEP <input type="checkbox"/> Behaviour Intervention Plan that has: <ul style="list-style-type: none"> • Social-learning needs • Personal needs • Proactive component • Reactive component 	<input type="checkbox"/> IEP and possible safety plan <input type="checkbox"/> Approved System of Care (Coordinated 24-hour multisystem plan approved by Provincial Coordination of Services subcommittee)
--------------------------------------	--	---	---