

Child/Adolescent Services Feedback Form

Please forward this form to the agency or provider that requested your feedback.

Agency/Provider Name Requesting Feedback: Fax number:	
Today's Date:	
Child's Name: MAID #, if known	
D.O.B	
☐ Cumberland ☐ Dauphin ☐ Franklin ☐ Fulton ☐ Lancaster ☐ Lebanon ☐ Pe	erry
Name of Person Providing Feedback:	
Organization/Relationship to the Child: Phone #:	
In which settings have you observed the child? Home Community School Other	
Section #1-School	
School Name: Grade:	
Classroom placement. If the child is in multiple placements, describe the amount of time spent in e	
☐ Day Care ☐ Head Start ☐ Preschool ☐ IU Preschool ☐ Charter School ☐ Private Sch	ool Home Schooling
Regular Ed Autistic Support Emotional Support Learning Support Life Skills	☐ Alternative Education
504 Plan Home Bound RTF School Other:	
Comments:	
Does the child have an IEP? Yes No N/A	
Is there a Behavior Support Plan within the IEP?	
Does the child have an individual educational aid? Yes No N/A	
Are there other aids in the classroom? Yes No N/A What is the student to teacher ratio in the classroom/s?	
Indicate if the child receives any additional services in the school setting, if applicable.	
Speech Therapy Occupational Therapy Physical Therapy Other:	
Please comment on the child's behavior in the schools listed below. Please be as specific as possible	e about how often behaviors
occur.	about now often benaviors
<u>Classroom behavior</u>	

Capital Members: 1-888-722-8646 Franklin/Fulton Members: 1-866-773-7917 Providers: 1-888-700-7370 Fax: 1-855-707-5823 Mailing Address: 8040 Carlson Road Harrisburg, PA 17112

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Chilid/Addiescent Services Feedback Form
Peer relationships
Less structured school settings (cafeteria, home room, recess, etc.)
Less structured school settings (careteria, nome room, recess, etc.)
Section #2-Home/Community/Other
Behavior Observed in Home/Community/Other setting:
behavior observed in Home, community, other setting.
Section #3-Additional comments
Place comment on any concerns or oppoing issues that you feel need to be addressed in the treatment of the child or family
Please comment on any concerns or ongoing issues that you feel need to be addressed in the treatment of the child or family.
Are you in support of the child receiving Behavioral Health Services? Yes No
Please indicate type of service and explain why:
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*Discuss for more data from the the common or manifest that the common for the common for the common of the common
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