

Oregon Center for Children and
Youth with Special Health Needs
(OCCYSHN)

Community Connections Network:

*linking health, education and community services through a network of
community-based teams*



Educational Input

Child's Name: _____ **Date of Birth:** _____

Teacher's Name _____

Community Connections is dedicated to team up with family and local health care, education and social service providers who are or may be involved in supporting the needs of children and families. Because of the time you spend with this child, your input is very important to us. Please take a few minutes to provide the following information.

1. Testing Results:

2. Copies of Evaluation notes by Psychologist or other Educational Staff

3. Student's Strengths:

4. Student's Weaknesses:

5. Instructional Strategies which have been successful:

6. Successful strategies for Discipline:

7. Describe student's socialization with peers:

8. Describe Student's socialization with adults:

9. Any other comments you'd like to share:

 *Feel free to attach any reports or information requested above. Thanks for your valued input.*