

Guidelines for Determining Eligibility of Emotional Impairment



2011

Every child faces emotional difficulties from time to time as do adults. Feelings of sadness or loss and extremes of emotions are part of growing up. Conflicts between parents and children are also inevitable as children struggle from the “terrible twos” through adolescents to develop their own identities. These are normal changes in behavior due to growth and development. Such problems can be more common in times of change in a family-the death of a grandparent or family member, a new child, and a move to a new home. Generally these kinds of problems tend to fade on their own or with limited visits to a counselor or mental health professional as children adjust to the changes in their lives.

For a small number of children, emotional and behavioral difficulties are more intense and chronic. This may result in the need for school staff and parents to consider the need for intervention. Some of these children may be considered to have a “social maladjustment;” others, an emotional impairment. This guide is intended to assist school staff in determining eligibility for special education in the area of emotional impairment.

Index

Definition of Emotional Impairment	Page 1.
Definition of Terms	Page 2.
Exclusionary Factors	Page 6.
Social Maladjustment	Page 7.
Evaluation	Page 10.

Appendix

A Table 1 Worksheet: Common Characteristics and Rating Scale
B Table 2 Common Characteristics and Rating Scale
C Diagnostic Survey
D Teacher Interview
E Student Interview
F Parent Interview-Social History
G Assessment Tools
H Emotional Impaired Assessment Tools
I MET Responsibility Checklist
J Sample EI MET form
K References

Definition of Emotional Impairment

Michigan's Revised Administrative Rules for Special Education states:

R340.1706 Emotional Impairment; determination; evaluation report.

(1) Emotional impairment shall be determined through manifestation of behavioral problems primarily in the affective domain, over an extended period of time, which adversely affect the student's education to the extent that the person cannot profit from learning experiences without special education support. The problems result in behaviors manifested by one or more of the following characteristics:

- (a) Inability to build or maintain satisfactory interpersonal relationships within the school environment.
- (b) Inappropriate types of behavior or feelings under normal circumstances.
- (c) General pervasive mood of unhappiness or depression.
- (d) Tendency to develop physical symptoms or fears associated with personal or school problems.

(2) Emotional impairment also includes students who, in addition to the characteristics specified in subrule (1) of this rule, exhibit maladaptive behaviors related to schizophrenia or other similar disorders. The term "emotional impairment" does not include persons who are socially maladjusted, unless it is determined that the persons have an emotional impairment.

(3) Emotional impairment does not include students whose behaviors are primarily the result of intellectual, sensory or health factors.

(4) When evaluating a student suspected of having an emotional impairment, the multidisciplinary team report shall include documentation of all of the following:

- (a) The student's performance in the educational setting and in other settings, such as adaptive behavior within the broader community.
- (b) The systematic observation of the behaviors of primary concern which interfere with educational and social needs.
- (c) The intervention strategies used to improve the behaviors and the length of time the strategies were utilized.
- (d) Relevant medical information, if any.

(5) A determination of impairment shall be based on data provided by a multidisciplinary evaluation team, which shall include a comprehensive evaluation by both of the following:

- (a) A psychologist or psychiatrist
- (b) A school social worker

IDEA states: *Emotional impairment shall not include persons whose behaviors are due to lack of instruction in reading, math or limited English proficiency.*
(§300.534Determination of Eligibility)

Definitions of Terms

Manifestation of behavioral problems primarily in the affective domain

The affective domain includes areas such as emotional stability status, and control, interaction and response to others, social problem solving, ability to work cooperatively with others, self concept, locus of control, social judgment and reasoning.

Over an extended period of time

This phrase means the student has a history of emotional impairment (EI) symptoms or characteristics that have been exhibited for at least ninety days. However, the severity of certain EI symptoms and the serious safety risk they may pose for the student and/or others when they occur, may dictate that professional judgment take precedence over this timeline. If the condition has been evident for less than 90 calendar days, the multidisciplinary evaluation team must indicate a reasonable expectation that the behavioral problems will continue to exist without special education intervention.

Adversely affecting the student's educational performance

This phrase refers to those EI characteristics which interfere primarily with academic performance and social functioning in the school setting to a marked degree. This includes the frequency, duration or intensity of a student's behavior in comparison to peers. The condition must be pervasive (continuing over time) and intense (overt, acute, observable). The adverse effect may be indicated by either reduced classroom performance or by lowered academic achievement. Private evaluations/DSM-IV diagnoses do not by themselves qualify a student for an educational emotional impairment.

Inability to Build or Maintain Satisfactory Interpersonal Relationships within the School Environment

This criterion means the student does not relate to others in an appropriate manner. Interpersonal relationships refer to a student's actions and reactions to peers and adults in the school environment. Consideration of the student's developmental level is critical

under this determination of eligibility. Problem behaviors must be pervasive, generally affecting relationships with all teachers and peers and occurs over an extended period of time. It should be emphasized that “inability” must be differentiated from being “unwilling” to utilize social skills.” Some students lack social skills or choose not to build relationships.

Students may exhibit behavior(s) similar to the following: (Frequency, intensity and duration must be considered.)

- Acts verbally or physically aggressive to other students and/or adults
- Withdraws and isolates physically and/or verbally from others
- Demonstrates fear of peers, teachers and/or adults
- Has no age-appropriate friends in home, school and/or community setting
- Does not maintain socially appropriate interactive behavior with others
- Acts emotionally unresponsive toward people
- Alienates others by exclusively seeking approval
- Persistently demonstrates regressive behaviors when stressed

Students with the inability to build or maintain satisfactory interpersonal relationships within the school environment are very anxious in interpersonal situations. They may react with avoidance, fear and/or withdrawal as well as students who alienate others by an intense need for attention due to poor self-esteem or have atypical ideas/behavior related to poor reality testing. It should be emphasized that the above behaviors do not include fighting in and of itself. Students would not meet this criteria, despite problems with some peers/adults, if they are able to develop and maintain satisfactory relationships with other peers/adults, or if fighting is a “lifestyle” issue.

Inappropriate Types of Behaviors or Feelings Under Normal Circumstances

This criterion means the behaviors must be psychotic or significantly atypical, for which no observable reason exists. More specifically these feelings and/or behaviors are intrapersonal in nature. They may be potentially or actually harmful. Students who are choosing misconduct or noncompliance would not meet this criteria. Students may exhibit behavior(s) similar to the following: (Frequency, intensity and duration must be considered.)

- Over-reacts to everyday occurrences (i.e. rage, excessive laughter, hysterics)
- Exhibits catastrophic or panic reactions to everyday occurrences
- Demonstrates flat, distorted or excessive affect
- Exhibits self-abusive behaviors
- Exhibits delusions and/or hallucinations (auditory or visual), or thought disorders (i.e. obsessive thoughts, illogical thinking, dissociative thinking, or paranoia)

- Demonstrates extreme mood swings
- Exhibits compulsive, persistent, recurrent, or intrusive behaviors. This includes students who cannot control thoughts and/or emotions that vacillate unpredictably from one extreme to another. This criterion **does not** include students attempting to avoid stressful situations or students who are under the influence of drugs or alcohol.

General

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General Pervasive Mood of Unhappiness or Depression

This criterion means a student must exhibit depressive symptomatology which typically involves changes in all four major areas: (1) affective, (2) motivation, (3) physical/motor functioning, and (4) cognition. A pervasive mood is one that affects all aspects of a person's life.

Examples of each area are as follows:

(1) Affective:

- Isolates self from peers, adults or family when not appropriate
- Expresses feelings of worthlessness, helplessness, ineffectiveness, or excessive guilt
- Displays extreme anger or frustration in spite of efforts to control anger
- Demonstrates heightened activity levels in young children
- Expresses feelings of extreme sadness, suicidal ideation

(2) Motivation:

- Demonstrates loss or lack of interest in new/familiar activities
- Shows a decline in academic performance
- Assumes failure or refuses to attempt tasks

(3) Physical /Motor functioning (for no apparent medical reason):

- Loses appetite for an extended period of time and has significant weight loss or increased appetite/weight gain
- Experiences insomnia or hypersomnia
- Shows deterioration in appearance
- Reports or exhibits on-going unsubstantiated medical problems
- Demonstrates psychomotor agitation or lethargy

(4) Cognition:

- Experiences difficulty attending, thinking and concentrating
- Demonstrates overly perfectionistic tendencies

Suicidal intent should always be explored when the student appears depressed, threatens suicide, or expresses a death wish. While such acts do not necessarily constitute evidence of emotional impairment, it should be an alert to school personnel. Short-term/situational depression or depression would not fit this definition. A clinical diagnosis (DSM-IV) of depression does not guarantee eligibility for an emotional impairment in the educational domain. A student's education must be adversely affected to the point where he/she cannot profit from regular learning experiences without special education support.

Tendency to Develop Physical Symptoms or Fears Associated with Personal or School Problems

Before analysis of physical symptoms or fears is undertaken, information regarding a student's medical condition should be reviewed. After consultation with a medical professional and behavior interventions have occurred, an evaluation can proceed. This evaluation should focus upon the psychological/emotional factors that could be causing the symptoms that interfere with school performance. Very few students with emotional impairments establish eligibility under this criterion. The most likely example would be a student experiencing school phobia. School phobia is the persistent refusal to go to school based on some underlying anxiety.

Physical symptoms might include:

- Facial tics, twitching, rocking, head banging;
- Somatic complaints (i.e. headaches, stomach aches, racing heart, diarrhea, pseudoseizure)

Fears might include:

- Persistent and irrational avoidance of a specific person, object or situation;
- Intense, disabling anxiety often reaching panic proportions when a person, object, or situation is approached.

Under this criterion, physical symptoms must not be under voluntary control. There must be evidence that physical symptoms are linked to psychological factors or conflict.

Exclusionary Factors

“Emotional impairment does not include students whose behaviors are primarily the result of intellectual, sensory, or health factors.”

Factors to Consider

The Multidisciplinary Evaluation Team must verify that the behaviors are/are not primarily the result of intellectual, sensory, or health factors. Examples of these factors include:

- **Intellectual:**

The ability/inability to understand and adapt to the expectations of the environment (cognitive ability), i.e. adaptive behavior is commensurate with cognitive ability.

- **Sensory:**

Some examples are visual concerns, hearing concerns, tactile defensiveness, etc.

- **Health:**

May include hypoglycemia, diabetes, sickle cell anemia, parasitic conditions, allergies, Tourette's Syndrome, medication reactions, ADHD, etc.

- **Social Maladjustment:**

Refer to page 9.

- **Additional Considerations:**

- Assessment of the student's behavior should consider the student's:
 - Age/developmental level
 - Cultural background
 - Education/school environment
 - Parents/guardians value system
 - Drug or alcohol use/abuse
 - Specific settings in which the behavior occurs

Behavioral differences among students of diverse cultures, environments, and economic status are to be expected. The impact of these differences must be considered when behavior deviating from the norm is identified. If the culture, environment, or economic status is the sole determinant of the student's behavior, the student may not be found eligible as having an emotional impairment.

34CFR§300.534 (IDEA)

(b) "A child may not be determined eligible under this part if —

(c) The determinant factor for that eligibility determination is—

(1) Lack of instruction in reading or math; or

(2) Limited English Proficiency; or ...

The following information needs to be gathered to determine the above:

- Extent of instruction in reading or math
- Absenteeism or truancy which significantly interferes with the student's academic and social progress.
- A history of frequent school changes may indicate sufficient reason for school integration and adaptation problems for the student.
- Appropriate instructional and intervention strategies must be implemented in general education. Special education eligibility should not be considered without documented evidence of these strategies and their effectiveness.
- Poor school performance, solely due to lack of student motivation or interest in school, may not be indicative of an emotional impairment.
- Mood, behavior, or academic problems related solely to drug/alcohol use and/or abuse may not be indicative of an emotional impairment.
- A student whose primary or home language is other than English must be assessed to determine the extent of his/her English proficiency. A student with LEP must not be considered eligible for special education programs and services based solely on his/her English language skills.

Social Maladjustment

Definition

Educators face a significant challenge in defining social maladjustment. The concept of social maladjustment has not been fully defined on a federal or state level. A limited clarification from the Michigan Revised Administrative Rules for Special Education (2002) is given below:

R340.1706(2) *The term “emotional impairment” does not include persons who are socially maladjusted, unless it is determined that the persons have an emotional impairment.*

Social maladjustment is an educational concept. Features of social maladjustment are identified in certain psychiatric/psychological conditions. Consequently, the definition of social maladjustment is derived from a combination of educational and clinical literature and practice. Patterson, De Baryshe, and Ramsey (1989) describe the process of antisocial behavior as beginning with a lack of positive family interaction, leading to school failure and social rejection, then leading to membership in a deviant peer group. Social maladjustment is conceptualized as a conduct problem, whereby maladjusted students choose not to conform to socially acceptable rules and norms. Socially maladjusted students demonstrate knowledge of school/social norms and expectations and consistently demonstrate a pattern of intentionally choosing to break rules and violate norms of acceptable behavior. Maladjusted youth perceive themselves as “normal.” Although these students are capable of behaving appropriately, they choose to break rules and violate norms of acceptable behavior. Socially maladjusted students view rule breaking as normal and acceptable. Thus, **intentionality** is the distinguishing feature between social maladjustment and emotional impairment. Social maladjustment tends to be an educational term which is frequently interchanged with the term conduct disorder in the Diagnostic and Statistical Manual of Mental Disorders – Fourth Edition (DSM-IV) conduct disorder is defined as:

A) A repetitive and persistent pattern of behavior in which the basic rights of others or major age-appropriate societal norms or rules are violated, as manifested by the presence of three (or more) of the following criteria in the past 12 months, with at least one criteria present in the past six months:

- i) Aggression to people and animals,
- ii) Destruction of property,
- iii) Deceitfulness or theft,
- iv) Serious violations of rules.

B) The disturbance in behavior causes clinically significant impairment in social, academic or occupational functioning.

C) If the individual is age 18 years or older, criteria not met for Antisocial Personality Disorder.

Behavior for the socially maladjusted student is motivated by self-gain and strong survival skills. Most of these students demonstrate a lack of age-appropriate concern for their behavior and its effects on others. In addition, socially maladjusted youth display behavior which may be highly valued within a small subgroup, but which may not be within the range of culturally permissible behavior. Socialized or unsocialized forms of aggression may be a feature of social maladjustment. Anxiety is generally not related to the misbehavior of socially maladjusted youth, unless it is due to the fear of being caught. The intensity and duration of behavior demonstrated by socially maladjusted youth differs markedly from the prevailing behaviors typically associated with their peer group.

In a clinical view, social maladjustment includes those disorders that, by their very nature, tend to manifest in an externalized response. These are most commonly referred to as conduct disorders, oppositional disorders, or antisocial disorders. Social maladjustment is manifested through actions that demonstrate little remorse for misbehavior, blaming others for their own problems and may have a concomitant character or personality disorder (Clarizio, 1987, 1992).

Differential Diagnosis

Differential diagnosis is a complex process. The most prominent characteristics of social maladjustment are:

- ☐ underdeveloped conscience,
- ☐ lack of empathy
- ☐ failure to take responsibility for behavior,
- ☐ intentionality—characterized by the violation of socially acceptable rules and norms.

In making a differential diagnosis for social maladjustment, clinical diagnosis may be taken into consideration. Disorders typically viewed as internalizing, e.g. affective disorders, elective mutism, separation anxiety disorder, may qualify as Emotional Impairment (EI), whereas, disorders viewed as externalizing, e.g. conduct disorders, oppositional disorder or antisocial personality disorder may indicate Social Maladjustment (SM). It is extremely important, however, when making a differential diagnosis to remember that the external behavior may look the same but the underlying reason, etiology and intent of the behavior may be very different. Therefore, a comprehensive evaluation by the multi-disciplinary evaluation team is in order.

Educational options for Emotionally Impaired and Socially Maladjusted students often parallel. Both groups require small class size that is focused on individualized programming with a modified curriculum to meet the needs of students. Programming should consider such options as: work study, adjusted school hours, vocational programming, shortened academic periods, and alternative school placement.

A major difference can be seen in the effectiveness of the interventions used. Strategies used to change behavior of emotionally impaired students often fail when attempted with socially maladjusted students. The primary argument used to support the exclusion of socially maladjusted students from placement in emotionally impaired programs is that students with social maladjustment are not truly disabled. These students are believed to engage in deliberate acts of self-interest to gain attention, personal power and control, or to intimidate others, while experiencing no distress or self-devaluation about their own internalized distress about their behavior (Clarizio, 1992; Kelly, 1993; Slenkovitch, 1986). In contrast, students with emotional impairment are believed to engage in involuntary patterns of behavior and experience internalized distress about their behavior (Clarizio, 1992; Kelly, 1993). Thus, there are two distinctive social behavioral disorders, social maladjustment and emotional impairment. However, it is possible for a student to exhibit behaviors characteristic of both disorders and then appropriately be certified as emotionally impaired. On the other hand, if a student only displays socially maladjusted behaviors, and does not exhibit behaviors commonly seen in the emotionally impaired student, then the student would not be eligible as emotionally impaired.

See Appendix A for a chart of characteristics designed to assist in distinguishing students with social maladjustment from those students who have an emotional impairment. Appendix A must be completed when a differential diagnosis between social maladjustment and emotional impairment is being considered. A student would not need to present with all of the listed characteristics to be considered as having an emotional impairment, a social maladjustment, or both. Appendix B, an adaptation of the "Common Characteristics and Rating Scale," is included as another tool to assist with the collection of this information.

Evaluations

In general, as part of an evaluation, IDEA states that the *team shall*—

(a) Review existing evaluation data on the child, including evaluations and information provided by the parents of the child, current classroom-based assessments and observations, and teacher and related service provider's observations.

(b) On the basis of that review, and input from the child's parents, identify what additional data, if any, are needed to determine--

- a. Whether the child has a disability...or continues to have a disability*
- b. The present levels of performance and educational needs of the child*
- c. Whether the child needs special education and related services*
- d. Whether any additions or modifications to the special education services are needed to enable the child to meet the measurable annual goals in the IEP and to participate, as appropriate, in the general curriculum*

Furthermore, if the IEP Team and other qualified professionals, as appropriate, determine that no additional data are needed to determine whether the child continues to be a child with a disability, the local educational agency—

(a) shall notify the child's parents of—

- a. the determination and the reasons for it; and*
- b. the right of such parents to request an assessment to determine whether the child continues to be a child with a disability; and*

(b) shall not be required to conduct such an assessment unless requested to by the child's parents.

The comprehensive evaluation shall include the following:

Intellectual assessment and achievement level: Measuring the student's cognitive functioning is necessary for ascertaining reasons alternative to an emotional impairment for the behaviors of concern. Achievement levels are needed in order to determine how the suspected disability may impact the student's education.

Performance in school setting and adaptive behavior in the broader community: This information is needed to determine whether the student demonstrates pervasive (across environments) emotional difficulties. The difficulties cannot be situational in nature. Information regarding other settings is needed to gain insight into the student's overall emotional functioning. A minimum of two evaluation instruments should be used, one of which should be a normed instrument. Consideration should be given for using evaluation instruments from varying perspectives (teacher, student, parent). The teacher should contribute information in the form of a questionnaire or interview. The student interview should include the student's perception of the behaviors of concern, the student's perception of how and when they occur, and the degree the student perceives he or she is in control of those behaviors. The parent interview includes parent concerns and factors that influence behavior in the home and community.

Systemic observation of primary behaviors that interfere with educational and social needs: A MET member must conduct a systemic observation to document a student's

performance. The systematic observation is an objective and organized means of gathering data. The behavior should be described in a manner that clearly communicates its frequency, duration, and intensity. It should record only factual and unbiased data. The student should be compared to a control student or to the class in general. The written observation report should include:

- a. Date, time of day, and length of observation
- b. Setting—classroom, playground, large or small group
- c. Task—subject area, direct instruction, independent work
- d. Observed behavior in relation to teacher, such as arguing, refusing, talking out, etc.
- e. Observed behavior in relation to the task, such as refusing, lack of completion etc.
- f. Observed behavior in relation to peers, such as not interacting, teasing, fighting, etc.
- g. Statement of classroom factors contributing to behaviors observed
- h. Statement of successful interventions used

Intervention strategies used to improve behavior (including duration and results): This information is needed to determine if appropriate learning opportunities (e.g. behavioral supports in general education) have been provided prior to evaluation. It is also important to consider the interventions that have been provided for the student, and the student's response to those interventions should be documented. Data on behavior frequency and type is much preferred.

Educationally relevant medical information: Medical conditions and medical interventions such as medications may affect a student's behavior. A thorough review of the student's medical history is critical for considering other causes of behavior.

Information from parents: The parent(s) information should include familial issues, medical history, current and past behaviors, past performance in school, interpersonal relationships of student, birth history, developmental milestones, and other agency or outside support services. The parent's information should include the parent's perception of the concern, the history of the behavior, birth and developmental history, and home/community factors that might be influencing behavior.

Table 1 Worksheet
Common Characteristics and Rating Scale

The characteristics listed below can also be used as a rating scale. Place a mark on the continuum provided beneath each set of characteristics to indicate which set most closely describes the student.

GENERAL AREA OF FUNCTIONING		
School Behavior	Seen as unable to comply; inconsistent achievement; expects help or has difficulty asking for help.	Seen as unwilling to comply; generally low achievement; excessive absences; rejects help; callous disregard for rights/needs of others.
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ↔ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Attitude toward school	School is a source of confusion and anxiety; often responds to structure.	Tends to dislike school except as a place for social contacts; rebels against rules and structure.
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ↔ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
School Attendance	Misses school due to emotional issues or psychosomatic issues.	Chooses to be truant.
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ↔ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Educational Performance	School is a source of confusion and anxiety; often responds to structure in the educational program; achievement is often uneven; attention and concentration are impaired by anxiety/depression/emotion.	Tends to dislike school except as a place for social contacts; frequently truant; rebels against rules and structure; frequently avoids school achievement, even in areas of competence.
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ↔ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Peer Relations	Ignored or rejected.	Generally accepted by sociocultural group.
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ↔ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Type of friends	Younger or no real friends.	Companions may be part of delinquent sub-culture, same age or older; may be liked by peers.
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ↔ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Perception by peers.	Bizarre or odd.	Cool; tough; delinquent; charismatic.
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ↔ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

GENERAL AREA OF FUNCTIONING		
Social skills.	Poorly developed; difficulty reading social cues.	Well attuned; well developed.
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ↔	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Interpersonal relations.	Inability to establish and maintain social relationships; avoidance of people or severely withdrawn behavior; wants friendships but can't seem to maintain.	Extensive peer relationship within a select peer group; exploitative and manipulative; lack of honesty in relationships, frequently lying; may be able to exploit others with charm in order to achieve ends.
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ↔	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Physical presence	Awkward; "goofy"; clumsy; may be uncomfortable with physicality.	Smooth; agile; could also be clumsy or uncomfortable with physicality.
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ↔	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Group participation	Withdrawn; unhappy.	Out-going.
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ↔	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Interpersonal dynamics	Often is characterized by a pervasively poor self-concept; often overly dependant or impulsively defiant; is generally anxious, fearful; mood swings from depression to high activity; frequent inappropriate affect; frequent denial and confusion; often distorts reality without regard to self-interest.	Tends to be independent and appears self-assured; generally reacts toward situations with appropriate affect but lacks appropriate guilt (underdeveloped conscience); may show courage, even responsibility and imagination, but toward socially unacceptable ends; often blames others for his/her problems, but otherwise is reality oriented; demonstrates knowledge of social expectations in school and chooses not to conform to those expectations.
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ↔	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Adaptive behavior	Consistently poor	More situation dependent.
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ↔	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Aggression	Hurts self or others as an end.	Hurts others as a means to an end.
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ↔	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Anxiety	Tense; fearful.	Appears relaxed; "cool".
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ↔	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

GENERAL AREA OF FUNCTIONING		
Emotional well-being	Limited capacity for pleasure, rarely experiencing truly satisfied feeling; may experience depression, suicide ideation, self-mutilation and the like.	Generally inflated positive self-concept.
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ↔ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Conscience development	Self-critical; unable to have fun; guilty and remorseful.	Little remorse; pleasure seeking; lacks empathy; knows right from wrong but chooses wrong.
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ↔ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Reality orientation	Fantasy; naïve; gullible; may have thought disorder, hallucinations and the like.	"Street-wise".
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ↔ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Developmental appropriateness	Inappropriate for age.	Appropriate for age or above; "more socially mature".
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ↔ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Risk taking	Avoids risks.	Prone to thrill seeking behavior.
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ↔ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Consequences	Consequences appropriate, consistent, structured.	Ability to ignore anyone who tries to alter socially unacceptable behavior.
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ↔ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Locus of control	Internalizing, inward control of choices.	Externalizing, is in control of choices.
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ↔ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Rules	"Doesn't get it".	"Gets it" but chooses to violate rules; violates the law deliberately.
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ↔ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Motivation of behavior	Fear and flight; anxiety.	Power and control.
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ↔ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Adapted from: Wayne County Regional Educational Service Agency (2001). Social Maladjustment: A guide to Differential Diagnosis and Educational Options

Table 2
COMMON CHARACTERISTICS & RATING SCALE

The characteristics listed below can also be used as a rating scale. Place a mark on the continuum provided beneath each set of characteristics to indicate which set most closely describes the student.

GENERAL AREA OF FUNCTIONING	CHARACTERISTICS OF EMOTIONAL IMPAIRMENT	CHARACTERISTICS OF SOCIAL MALADJUSTMENT
School Behavior	Seen as unable to comply; inconsistent achievement; expects help or has difficulty asking for help.	Seen as unwilling to comply; generally low achievement; excessive absences; rejects help; callous disregard for rights/needs of others.
	EI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	↔ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SM
Attitude toward school	School is a source of confusion and anxiety; often responds to structure.	Tends to dislike school except as a place for social contacts; rebels against rules and structure.
	EI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	↔ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SM
School Attendance	Misses school due to emotional issues or psychosomatic issues.	Chooses to be truant.
	EI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	↔ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SM
Educational Performance	School is a source of confusion and anxiety; often responds to structure in the educational program; achievement is often uneven; attention and concentration are impaired by anxiety/depression/emotion.	Tends to dislike school except as a place for social contacts; frequently truant; rebels against rules and structure; frequently avoids school achievement, even in areas of competence.
	EI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	↔ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SM
Peer Relations	Ignored or rejected.	Generally accepted by sociocultural group.
	EI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	↔ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SM
Type of friends	Younger or no real friends.	Companions may be part of delinquent sub-culture, same age or older; may be liked by peers.
	EI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	↔ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SM
Perception by peers	Bizarre or odd.	Cool; tough; delinquent; charismatic.
	EI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	↔ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SM
Social skills.	Poorly developed; difficulty reading social cues.	Well attuned; well developed.
	EI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	↔ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SM

Interpersonal relations.	Inability to establish and maintain social relationships; avoidance of people or severely withdrawn behavior; wants friendships but can't seem to maintain.	Extensive peer relationship within a select peer group; exploitative and manipulative; lack of honesty in relationships, frequently lying; may be able to exploit others with charm in order to achieve ends.
	EI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	↔ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SM
GENERAL AREA OF FUNCTIONING	CHARACTERISTICS OF EMOTIONAL IMPAIRMENT	CHARACTERISTICS OF SOCIAL MALADJUSTMENT
Physical presence	Awkward; "goofy"; clumsy; may be uncomfortable with physicality.	Smooth; agile; could also be clumsy or uncomfortable with physicality.
	EI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	↔ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SM
Group participation	Withdrawn; unhappy.	Out-going.
	EI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	↔ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SM
Interpersonal dynamics	Often is characterized by a pervasively poor self-concept; often overly dependant or impulsively defiant; is generally anxious, fearful; mood swings from depression to high activity; frequent inappropriate affect; frequent denial and confusion; often distorts reality without regard to self-interest.	Tends to be independent and appears self-assured; generally reacts toward situations with appropriate affect but lacks appropriate guilt (underdeveloped conscience); may show courage, even responsibility and imagination, but toward socially unacceptable ends; often blames others for his/her problems, but otherwise is reality oriented; demonstrates knowledge of social expectations in school and chooses not to conform to those expectations.
	EI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	↔ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SM
Adaptive behavior	Consistently poor	More situation dependent.
	EI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	↔ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SM
Aggression	Hurts self or others as an end.	Hurts others as a means to an end.
	EI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	↔ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SM
Anxiety	Tense; fearful.	Appears relaxed; "cool".
	EI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	↔ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SM

Emotional well-being	Limited capacity for pleasure, rarely experiencing truly satisfied feeling; may experience depression, suicide ideation, self-mutilation and the like.	Generally inflated positive self-concept.
	EI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	↔ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SM
Affective domain	Emotional reaction disproportionate but not under student's control.	Intentional with features of anger and rage.
	EI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	↔ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SM
Conscience development	Self-critical; unable to have fun; guilty and remorseful.	Little remorse; pleasure seeking; lacks empathy; knows right from wrong but chooses wrong.
	EI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	↔ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SM
GENERAL AREA OF FUNCTIONING	CHARACTERISTICS OF EMOTIONAL IMPAIRMENT	CHARACTERISTICS OF SOCIAL MALADJUSTMENT
Reality orientation	Fantasy; naïve; gullible; may have thought disorder, hallucinations and the like.	"Street-wise".
	EI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	↔ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SM
Developmental appropriateness	Inappropriate for age.	Appropriate for age or above; "more socially mature".
	EI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	↔ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SM
Ego strength	Unsure of self; poor self-concept.	Narcissistic; inflated ego.
	EI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	↔ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SM
Risk taking	Avoids risks.	Prone to thrill seeking behavior.
	EI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	↔ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SM
Consequences	Consequences appropriate, consistent, structured.	Ability to ignore anyone who tries to alter socially unacceptable behavior.
	EI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	↔ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SM
Locus of control	Internalizing, inward control of choices.	Externalizing, is in control of choices.
	EI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	↔ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SM
Rules	"Doesn't get it".	"Gets it" but chooses to violate rules; violates the law deliberately.
	EI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	↔ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SM
Motivation of behavior	Fear and flight; anxiety.	Power and control.
	EI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	↔ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SM

Adapted from: Wayne County Regional Educational Service Agency (2001). Social Maladjustment: A guide to Differential Diagnosis and Educational Options

Diagnostic Survey

A Guide to Differential Diagnosis and Educational Options

Student Name: _____ DOB: _____

Grade: _____ School: _____

Please read each descriptor.

Indicate if each common characteristic is mostly true or mostly false for this student.

True	False	
		1. Seen as unable to comply to school expectations; inconsistent achievement; expects help to has difficulty asking for help.
		2. Behavior seems motivated by attaining power or control.
		3. School is a source of confusion and anxiety; often responds to structure.
		4. Misses school due to emotional issues or psychosomatic issues.
		5. Behavior is intentional with features of anger and rage.
		6. Understands the school rules and chooses to violate them. Knows right from wrong and chooses wrong.
		7. Seems to ignore people who are attempting to alter his/her socially unacceptable behavior.
		8. Achievement is often uneven; attention and concentration in school is impaired by anxiety, depression, or other affective disorders.
		9. Has poorly developed social skills and has difficulty reading social cues.
		10. Has a positive, though generally inflated, self-concept.
		11. Uses or abuses substances with peer group for a variety of reasons.
		12. Appears to be ignored by peers.
		13. Appears narcissistic; having inflated ego.
		14. Has younger or no real friends.
		15. Perceived by peers as bizarre or odd.
		16. Social skills are appropriate for age and may seem above age or "mature."
		17. Does not establish or maintain social relationships; avoids people or has severely withdrawn behavior. Seems to want friendships but not able to maintain them.
		18. Oriented to reality with "street-wise" perspective.
		19. Physically awkward, "goofy" or clumsy. May be uncomfortable with physicality.
		20. Has demonstrated little remorse for behavior and lack of empathy noted.
		21. Many relationships with peers within a specific group; relationships characterized as exploitive and manipulative; lack of honesty; ability to exploit others by charm.
		22. Withdrawn or unhappy in group situations.

True	False
	23. Often characterized by a pervasively poor self-concept; often overly dependent or impulsively defiant; is generally anxious, fearful; having mood swings from depression to high anxiety; frequent inappropriate affect; frequent denial and confusion; often distort reality without regard to self-interest.
	24. Consistently poor adaptive behavior.
	25. Well-attuned social skills: well developed for age.
	26. Problems primarily in the affective domain.
	27. Perceived by peers as cool, tough, charismatic.
	28. Aggression directed to self; hurts self.
	29. Affiliated with a social group.
	30. Appears tense or fearful.
	31. Adaptive behavior situation dependent.
	32. Limited capacity for pleasure; rarely experiencing truly satisfied feeling; may express suicide ideation, self-mutilation and other self-injurious behaviors.
	33. Tends to dislike school except as a place for peer contacts.
	34. Problems represent a character disorder.
	35. Educational performance low due to avoidance of achievement even in areas of competence.
	36. Aggression achieves a purpose; hurting others is a means to an end.
	37. Emotional reaction disproportionate and not under student's control.
	38. Often self-critical; unable to have fun or feeling guilty or remorseful.
	39. Often in a fantasy world, appears gullible or naïve; may have thought disorder or hallucinations.
	40. Tends to be independent and self-assured; may show courage, responsibility, and imagination but towards socially undesirable ends.
	41. Appears relaxed or "cool."
	42. Overall development appears immature, inappropriate for age.
	43. Unsure of self; poor self-concept.
	44. Seems outgoing in group participation.
	45. Avoids risks.
	46. Exceeds allowed absences, could be considered for truancy.
	47. Physical presence is smooth and agile.
	48. Responds to appropriate consequences particularly when consistent and structured.
	49. Can be described as an internalizer.
	50. Generally reacts toward situations with appropriate affect but lacks appropriate guilt. Rebels against rules and structure.
	51. Not sure of rules; doesn't understand them.
	52. In school seen as unwilling to comply to directions, rejects help, callous disregard for right or needs of others.
	53. Often motivated by fear and flight or anxiety.
	54. Isolates self when abusing substances.
	55. Friends are same age or older; friends may be delinquent.
	56. Blames others for his/her problems; but is otherwise reality oriented.

Scoring: Cross out each of the items that were true for this student.

*Common Characteristics of
Emotional Impairment*

1	28
3	30
4	32
8	37
9	38
12	39
14	42
15	43
17	45
19	48
22	49
23	51
24	53
26	54

Total # True: _____

*Common Characteristics of
Social Maladjustment*

2	31
5	33
6	34
7	35
10	36
11	40
13	41
16	44
18	46
20	47
21	50
25	52
27	55
29	56

Total # True: _____

CAUTION

Review individual items to reflect on this student's functioning in the school. Review school records. Remember that some characteristics reflect students' developmental stress reactions. These characteristics are not necessarily mutually exclusive. A student would not need to have all the characteristics of one category to be considered emotionally impaired or socially maladjusted. It is possible for a student to have characteristics in both categories and still be appropriately certified as emotionally impaired. Also, if a student only exhibits behaviors in the socially maladjusted category, it is unlikely that the student would qualify for emotional impairment.

This tool is one source of data to support the team in making a differential assessment. It is important that a review of attempted interventions is made. Interventions typically successful with students with emotional impairment are not usually successful with students with social maladjustment. It is important to consider a student interview. Assess the quality of functional assessments in behavior and determine the adequacy of the resulting behavior support plan. The differentiation of social maladjustment from emotional impairment requires thorough consideration of all available data.

Teacher Interview

These are examples of questions that could be used to gather information from the teacher. Either select appropriate questions depending on the situation or use them to develop a *Teacher Information Form*. Information should be gathered from more than one teacher.

Academic Concerns Exploration

1. What types of academic problems is _____ having in the classroom?
2. Explore student strengths or weaknesses in various subject areas: Reading, Mathematics, Spelling, Language Skills, Attention and Memory, Visual Perception, Motor Skills.

General Behavior Concerns

3. Describe with as much detail as possible what _____ does that causes you concern? Which behaviors bother you the most?
4. How long have these problem behaviors been going on? How often do they occur?
5. When does the problem behavior occur? (Explore *in* the classroom and *out* of the classroom settings.)
6. What classroom activities are generally taking place at the time the problem behavior occurs? (e.g., lecture, unstructured play)
7. How do the problem behaviors generally affect the other children in the classroom? How do they affect your ability to teach?
8. How does _____'s problem behaviors compare with that of other children in the class who show the same behavior?
9. What happens just before AND after the problem behavior begins?
10. What do you think makes the problem behavior worse AND better?
11. What do you do when the problem behavior occurs?

Relationship with Peers

12. How does _____ get along with his/her classmates?
13. Does _____ have many friends?
14. What does _____ do that encourages and/or discourages appropriate peer interactions?
15. How do the other children include _____ in their games and activities?
16. How do other children contribute to _____'s problem(s)?
17. What do other children do when _____ engages in problem behaviors?
18. Is there ever a time when students help reduce the problem behavior? If so, how?

Appropriateness of Behavior

19. Does _____ make unnecessary comments in the classroom?
20. Does _____ make unnecessary physical contact with peers?
21. Does _____ steal or take things from others by force?
22. Does _____ overreact when he loses in a game or is criticized?

23. Does _____ fly into a rage for no apparent reason?
24. Does _____ lose his/her temper easily?
25. Is _____ impulsive?
26. How well does _____ comply with teacher's requests?
27. How well does _____ accept changes to established routines?

Moods/Feelings

28. Does _____ participate in activities that are interesting to other students? (e.g., parties, field trips)
29. Does _____ blame himself/herself for situations out of his/her control?
30. In your opinion, what feelings are projected when _____ describes himself/herself?
31. Does _____ seem to move about slowly or struggle to complete simple tasks?
32. How does _____ respond to praise or compliments?
33. Does _____ frown, scowl or look unhappy during typical classroom situations?
34. Is _____ generally pessimistic?
35. Has _____ ever talked about wanting to die or engaged in self-destructive behavior?

Fears/Worries

36. Does _____ become pale, throw up, or complain of illness when anxious or scared?
37. What fears or apprehensions does _____ have in the school setting?
38. Has _____ failed to attend school due to unsupported complaints of physical illness?
39. Are _____'s fears and worries excessive when compared to peers?
40. Does _____ use drugs/inhalants? How much/often?

Adaptive/Affective Behavior

41. How does _____ handle frustration?
42. Does _____ take care of his/her personal hygiene?
43. Is _____ able to take care of their physical needs? (e.g., dressing, eating)
44. Is _____ responsible for, or cooperative in, taking needed medications?
45. Does _____ use good judgment regarding personal safety?
46. Is _____ able to identify and assert his/her emotional needs?
47. Is _____ able to respond appropriately to changes in his/her mood? (e.g. calming self)
48. Does _____ use appropriate coping skills to meet the demands of the school environment?
49. Does _____ know when to ask for help?

Student Interview

These are examples of questions that could be used to gather information from the student in an interview setting. Either select appropriate questions depending on the situation or use them to develop a *Student Interview Form*.

Introduction

1. Has anyone told you why you are here today? Who told you? What did they say?

Problem Exploration

2. Why do you feel you're here today?
3. Tell me about this problem/incident (who, what, where, when, why, how long):
4. Do your (brothers, sisters, friends, or family) have this problem? (if 'yes') Is your problem better or worse than theirs?
5. What happens just before/after the problem begins?
6. What makes the problem better/worse? What works best?
7. What do you think caused this problem? What do you do when it happens?
8. Was anything happening in your family when this problem first started? (you may need to give examples—divorce, relocation, lost job, illness, etc.)
9. How did you feel when (cite event) happened?
10. How does your family or friends help you with the problem (brothers/sisters/parents/friends)?

School Situations

11. How do you get along with your teacher(s)?
12. Who is your most/least favorite teacher? Tell me about him/her:
13. What subjects do you like the best? Least? Why?
14. What grades are you getting?
15. Are you in any activities at school? Which ones? Would you like to be in others?
16. How do you get along with your classmates?
17. Tell me how you spend a usual day at school.

Attention/Concentration

18. Do you have trouble following what your teacher says/asks? If so, what kind of trouble?
19. Do you daydream a lot when you are in class? Tell me about that:
20. Can you complete your assignments or are you easily distracted? What seems to distract you?
21. Do you have trouble sitting still or staying at your seat? If so, tell me about that.
22. Do you find it hard to sit still for a long time and need a lot of breaks while studying? (If 'yes'), Tell me more.
23. Do you have trouble copying what your teacher writes on the blackboard or taking notes in class? If so, tell me about that.
24. Do you have trouble remembering things? If so, tell me about that.
25. How is your concentration? Do you have trouble taking tests? If so, tell me about that.
26. Do you have trouble taking test? If so, tell me about that.

Home Situations

27. Who lives with you at home? Tell me about them.
28. Does your father/mother work? If so, where? What do they do?
29. Tell me what your home is like.
 - a. Do you have your own room? Do you share a room? If so, with whom?
 - b. How do you get along with that person(s)? What does he/she do that you like/dislike?
30. How do you get along with your father? Mother? What does he/she do that you like/dislike?
31. What chores do you do at home?
32. How do you get along with your brothers/sisters? What do they do that you like/dislike?
33. What does your mother or father do when you argue or fight with your brothers/sisters?
34. Does your mother/father treat your siblings differently? Tell me about that.
35. When you get in trouble at home, who disciplines you? How?
36. How do your parents tell you or show you that they like what you have done?
37. When you have a problem, whom do you talk to about it? What do they do to help?
38. Do you think your parents worry about you? If so, what are their worries?
39. Do you spend much time home alone? If so, tell me about that.
40. Does your family eat meals together? If so, how often?

Interests

41. What do you like to do? What hobbies/interests do you have?
42. What do you do in the afternoons after school? In the evenings? Weekends?
43. Do you play any sports? If so, tell me what you play.
44. Of all the things you like to do, what do you like to do the best? The least?
45. Do you belong to any group like boy/girl scouts? Church groups?
46. How much TV do you watch in a day? How long do you play video games?
47. What are your favorite programs/games? What do you like about them?

Friends

48. Do you have friends? (Tell me about them.) or, Why do you think you don't have friends?
49. (If child indicates friendships) What do you like doing with your friends? Are you spending as much time with them as you used to?
50. When you are with your friends, how do you feel? How are your friends treating you?
51. Who is your best friend? Tell me about him/her.
52. What do you like to do together?
53. How many of your friends do your parents know?

Moods/Feelings

54. Tell me about how you've been feeling lately?
55. Do you have different feelings in the same day? If so, tell me about them.
56. Nearly everybody feels happy at times. What things make you feel happiest?
57. Sometimes, people feel sad. What makes you feel sad? What do you do when you're sad?

58. Sometimes children/teenagers begin to get less pleasure from things that they used to enjoy. Has this happened to you? (If so,) Tell me what has happened.
59. Almost everybody feels angry at times. What makes you feel angriest?
60. What do you do when you are angry? Do you get into fights? If so, tell me about that.

Fears/Worries

61. Most children/teenagers get scared sometimes about things. What scares you? What do you do when you are scared?
62. Do you have any special worries? Tell me about them.

Self-Concept

63. What do you like best/least about yourself? Why?
64. Tell me about the best/worst things that have happened to you?
65. If you had a child of the same age as you, how would you want the child to be like you? Different from you?

Somatic Concerns

66. How do you feel about your body?
67. How have you been feeling lately?
68. Do you have problems with not having enough energy to do the things you want to do?
69. Tell me how you feel about eating?
70. Are you having problems getting enough sleep? Too much sleep?
71. Do you ever get headaches? If so, how often? Tell me about that.
72. Do you get stomachaches? If so, how often? When do you get them?
73. Do you get any other body pains? If so, how often?
74. Do you have trouble hearing/seeing things?
75. Do you take medicine? What for? How often? How does it make you feel?

Obsessions/Compulsions

76. Some children/teenagers have thoughts that they think are silly or unpleasant or do not make sense, but these thoughts keep repeating over and over in their minds. Have you had thoughts like this? (if 'yes') Tell me about these thoughts.
77. Some children/teenagers are bothered by a feeling that they have to do something over and over even when they don't want to do it. (e.g., hand washing). Is this a problem for you? If so, tell me about it.

Thought Disorders

78. Do you ever see or hear funny or unusual things no one else sees or hears? What does it say/look like? How often do you hear/see it? What do you usually do?
79. Do you ever feel as if someone's spying on you or plotting to hurt you?
80. Does your thinking seem to speed up or slow down at times?
81. Is it hard for you to make decisions?

Memory/Fantasy

- 82. Tell me about your dreams. Do you ever have the same dream over and over?
- 83. What animals do you like the best? Why?
- 84. If you could have three wishes, what would they be?

Aspirations

- 85. What do you plan on doing when you grow up?
- 86. Do you think you will have any problem doing that?

Adolescents

- 87. Do you have an after-school or summer job? Tell me about it.
- 88. Do you have a special girlfriend/boyfriend? Tell me about him/her.
- 89. Do your friends drink alcohol? Tell me about their drinking.
- 90. Do you drink alcohol? How much/often?
- 91. Tell me about the time(s) you drank too much.
- 92. Has alcohol ever caused problems for you?
- 93. Do your friends use drugs/inhalants? How much/often?
- 94. Do you use drugs/inhalants? How much/often?

Parent Interview – Social History

These are examples of questions that could be used to gather information from parents in an interview setting. Either select appropriate questions depending on the situation or use them to develop your own Parent Interview-Social History form.

Parent's Perception of Problem Behavior

1. Please tell me your concerns about ____.
2. What concerns you most?
3. When did you first notice the problem?
4. How long has the problem been going on?
5. Where does the problem occur?
6. Tell me how ____ behaves at school, in stores, in the car, at friends' houses, in the neighborhood.
7. What happens just before the problem begins?
8. What happens just after the problem occurs?
9. What do you do when the problem occurs?
10. Do any other children in your family have this problem?
11. Has ____ been evaluated or received help for this problem?

Early History

1. How old were you when ____ was born?
2. Did you have any illnesses or problems during pregnancy?
3. Did you take any medication or street drugs during pregnancy?
4. Did you drink alcohol during pregnancy?
5. Did you smoke cigarettes during the pregnancy?
6. Did you have prenatal health care?
7. Was ____ born on time?
8. How early/late was ____ born?
9. How long did the labor last?
10. What kind of delivery did you have?
11. Were there any complications at delivery?
12. Do you know ____'s Apgar score?
13. Did ____ have any problems with eating, drinking, sleeping, alertness, or irritability?
14. Was ____ cuddly or rigid?
15. Was ____ overactive or under active?
16. Did ____ engage in tantrums, rocking behavior, head banging?

Home Environment

1. Tell me what your home is like.
2. Where does ____ sleep?
3. Where does ____ play?
4. Who lives at your home?

Neighborhood

1. Tell me about your neighborhood.
2. Do you know your neighbors?
3. Does _____ have any problems in the neighborhood?

Sibling Relations

1. How does _____ get along with brothers or sisters?

Peer Relations

1. Does _____ have friends?
2. Tell me about _____'s friends.
3. How does _____ get along with friends?
4. Tell me about _____'s not having friends.

Child's Relations with Parents and other Adults

1. How does _____ get along with you?
2. What does _____ do with you on a regular basis?
3. What are bad times like for _____ and you?
4. Who is responsible for discipline?
5. Do you have any concerns about how other adults interact with _____?
6. Does _____ listen to what they are told to do?
7. How is _____ disciplined?
8. Which techniques are effective?
9. Which are ineffective?

Child's Interests and Hobbies

1. What does _____ like to do in his spare time?
2. Is _____ involved in any extracurricular activities?
3. How much television does _____ watch each day?
4. What are his favorite programs?
5. How much time does _____ spend playing video or computer games?
6. How much time does _____ spend listening to music?
7. What kind of music does _____ listen to?

Child's Routine Daily Activities

1. How does _____ behave when he wakes up?
2. Does _____ become more fidgety or restless as the day proceeds, or does _____ become more calm and relaxed?
3. Does _____ do household chores?
4. How does _____ behave when they go to bed?

Child's Cognitive Functioning

1. Does _____ seem to understand things that are said to him/her?
2. Does _____ seem to be quick or slow to catch on?

Child's Academic Functioning

1. How is _____ getting along in school?
2. What does _____ like best/least about school?
3. What grades does _____ get?
4. What are _____'s best/worst subjects?
5. How does _____ get along with other children?
6. What do you think about _____'s school?
7. Has _____ ever repeated a grade or attended a readiness or transition class?
8. Has any teacher recommended special help or special education for _____?

Child's Behavior

1. Tell me about _____'s attention span.
2. Tell me about _____'s activity level.
3. Tell me about _____'s impulsivity level.
4. What kind of self-control does _____ have?

Child's Affective Life

1. What kinds of things make _____ happy?
2. What makes _____ sad?
3. What does _____ do when he/she is sad?
4. What kinds of things make _____ angry?
5. What does _____ do when he/she is angry?
6. What kind of things does _____ worry about?
7. What kinds of things does _____ think about a lot?
8. What makes _____ get frustrated?

Child's Health History

1. Has _____ had any serious illnesses?
2. Has _____ had any surgical procedures?
3. How would you describe _____'s usual state of health?
4. How is _____'s hearing?
5. How is _____'s vision?
6. Did _____ have any serious accidents, injuries, stitches, or broken bones?
7. Does _____ have any allergies?
8. Does _____ eat well?
9. Does _____ sleep well?
10. Does _____ have nightmares or other sleep problems?
11. Does _____ have trouble with bladder or bowel control?
12. Does _____ take any medication regularly?
13. What medicine?
14. Does _____ report any side effects from taking the medication?

Family

1. How do you see your relationship with your husband/wife affecting _____?
2. Is this a first marriage or are other parents, stepparents involved with _____?

3. How does _____ get along with the other parents/step-parents?
4. In addition to _____, is any other member of your family having a problem at school or work?
5. What kind of serious medical or psychological difficulties have you or members of your family had?
6. Has anyone that _____ was close to died?
7. Has anyone in your family been the victim of a crime?
8. Have you recently changed your place of residence?
9. Do any members of your family have a problem with drugs or alcohol?
10. Do you have any concerns about _____ being physically or sexually abused?

Parent Expectations

1. Do you think that _____ needs treatment, special education, or special services?
2. What are your goals for _____?

Concluding Questions

1. What are _____'s strong points?
2. What are _____'s weak points?
3. Is there any other information about _____ I should know?

Additional Questions for Adolescents

1. Is _____ involved in any dating activities?
2. Have you talked to _____ about sexual activities?
3. Does _____ use drugs?
4. Does _____ drink alcohol?
5. Has _____ been in trouble for alcohol or drug use?
6. Has _____ been treated for alcohol or drug use?

Assessment Tools

Evaluation Procedures

34CFR§300.304 *In conducting the evaluation, the public agency must –*

- (1) Use a variety of assessment tools and strategies to gather relevant functional, developmental, and academic information about the child, including information provided by the parent, that may assist in determining –
 - (i) Whether the child is a child with a disability under §300.8; and*
 - (ii) The content of the child's IEP, including information related to enabling the child to be involved in and progress in the general education curriculum (or for a preschool child, to participate in appropriate activities);**
- (2) Not use any single measure or assessment as the sole criterion for determining whether a child is a child with a disability and for determining an appropriate educational program for the child; and*
- (3) Use technically sound instruments that may assess the relative contribution of cognitive and behavioral factors, in addition to physical or developmental factors.*

General Guidelines for Selection of Tests and Tools

When considering the use of diagnostic tests in the evaluation of students suspected of having an emotional impairment, it is important that the test user be knowledgeable of established federal standards for assessment, as well as what is considered Fair Testing Practices in Education. Projective tests do not meet reliability and validity standards necessary to make eligibility recommendations. For a list of assessment tools, see Table 3 (page 52).

Federal Standards

According to Federal Regulations (34CFR§300.304), when evaluating a person suspected of being disabled, the public agency shall assure that tests and other evaluation materials used by members of the multidisciplinary team comply with the following provisions.

Evaluation/Tests should be:

- administered by trained personnel in conformance with the instructions provided by their producer.
- validated for the specific purpose for which they are used.
- designed to assess specific areas of educational need and not merely to provide a general intelligent quotient.
- reflective of the person's aptitude or achievement or whatever other factors the test purports to measure rather than reflecting the person's impaired sensory, manually, or speaking skills, unless this is what the test is intended to measure.
- selected and administered so as to not be socially or culturally discriminatory.

The "Code of Fair Testing Practices in Education" was initially developed by the Joint Committee on Testing Practices (JCTP). The Code was updated in 2003 and they adopted a statement of the primary obligations that professionals who develop or use educational tests have toward test takers. The following are 3 of 4 critical areas of the Code:

A) Developing and Selecting Appropriate Tests

1. Test users should select tests that meet the intended purpose and that are appropriate for the intended test takers.
2. Evaluate evidence of the technical quality of the test provided by the test developer and any independent reviewers.

B) Administering and Scoring Tests

1. Test users should administer and score tests correctly and fairly, following established procedures for administering tests in a standardized manner.
2. Provide and document appropriate procedures for test takers with disabilities who need special accommodations or those with diverse linguistic backgrounds.
3. If test scoring is the responsibility of the test user, provide adequate training to scorers and ensure and monitor the accuracy of the scoring process.

C) Reporting and Interpreting Test Results

1. Test users should report and interpret test results accurately and clearly.
2. Avoid using tests for purposes other than those recommended by the test developer unless there is evidence to support the intended use or interpretation.
3. Avoid using a single test score as the sole determinant of decisions about test takers. Interpret test scores in conjunction with other information about individuals.

A copy of the "Code of Fair Testing Practices in Education" is available at:
<http://www.apa.org/science/code-draft.html>

Test Development Considerations

For norm referenced tests to be considered technically adequate, they should meet certain criteria:

Sampling: The normative sample should be commensurate with the percentage of people who comprise each geographic area of the United States, ethnicity, sex, socioeconomic level, and residency (e.g. urban, rural). It is recommended that a minimum of 100 subjects should represent each age and/or grade level. The test should also be current (e.g., standardization within the last 10 years).

Reliability: In general terms, reliability points to the degree to which a test is free of error. The test's reliability is reflected in its test-retest reliability, internal consistency, and alternate form reliability. A reliability coefficient of .90 or higher should be considered when selecting a test.

Validity: Whether a test measures what its authors or users purport it to measure, is evaluated in terms of content validity, concurrent validity, and construct validity. Content validity refers to whether the test items are representative of the behavior domain being measured and whether there are enough items to accurately and thoroughly assess this domain. Concurrent or criterion-related validity refers to the ability of one test to assess a skill and produce results similar to that of another reputable test measuring the same skill.

Multicultural and Bilingual Assessment: Whenever possible, a test should be administered in the student's dominant language. The practice of translating assessment batteries word-for-word is not a valid practice and compromises the test's reliability. Standardized tests remain biased in favor of the native language in which they were normed. Due to these concerns, interpretations of deficits and disabilities must be done cautiously when making reference to an instrument used that was not administered in the student's dominant language.

User Qualifications

Federal Standards clearly indicate that tests must be "administered by trained personnel in conformance with the instructions provided by their producer."

- Each individual must decide whether his or her formal academic training and supervised experience provide the necessary background and knowledge to use a particular instrument successfully and in a way that will not harm the student or the outcome of an evaluation.
- A person who does not meet the established requirements should probably work in conjunction with someone who does meet these criteria.
- Training needed to effectively administer and interpret tests may come in any of the following formats: completed graduate coursework relevant to testing/assessment, supervised in-service training in psychological test administration/interpretation, completed workshops relevant to testing/assessment.
- The test user must be aware of and comply with state regulations regarding user qualifications.

Suggested Tests

Psychologists and school social workers may use the following evaluation instruments (See Table 3-page 52) when evaluating a student suspected of having emotional impairment. **It is the responsibility of the test user to determine his or her level of qualification according to the guidelines set by the test producer.**

When selecting an unfamiliar test, the user should consider reviewing information provided by the *Buros Institute's Mental Measurements Yearbook and Tests in Print*.

Table 3 Emotional Impairment Assessment Tools for Eligibility Determination	
Suggested Instruments	Test Publisher
Achenbach System of Empirically Based Assessment	Research Center for Children, Youth, and Families
Adaptive Behavior Inventory	Western Psychological Services
Adaptive Behavior Inventory Children (ABIC)	The Psychological Corporation
Adaptive Behavior Evaluation Scale School 2 nd Ed.	Hawthorne Educational Services Inc.
Beck Hopelessness Scale Revised	The Psychological Corporation
Beck Youth Inventories	The Psychological Corporation
Behavior Evaluation Scale 2 (BES)	Hawthorne Educational Services Inc.
Behavior Assessment System for Children Revised (BASC-2)	AGS
Behavior Disorders Identification Scale – 2 nd Edition (BDIS)	Hawthorne Educational Services Inc.
Behavior Rating Profile 2 nd Ed. (BRP)	ProEd
Burk's Behavior Rating Scale	ProEd
Child Anxiety Scale (CAS)	Western Psychological Services
Children's Depression Inventory (CDI)	Multi-Health Systems, Inc.
Connors' Rating Scale-Revised	Pearson Assessments
Coopersmith Self-Esteem Inventions	Consulting Psychologist Press, Inc.
Culture Free – Self Esteem Inventory III	Psychological Assessment Res., Inc.
Depression and Anxiety in Youth Scale	ProEd
Differential Test of Conduct and Emotional Problems (DT/CEP)	MD Angus & Associates Ltd.
Feelings, Attitudes and Behaviors Scale for Children	Multi-Health Systems, Inc.
Multidimensional Self Esteem Inventory	Psychological Assessment Res., Inc.
Personality Inventory for Children – Revised (PIC)	Western Psychological Services
Piers – Harris Children's Self-Concept Scale (The Way I Feel About Myself)	Western Psychological Services
Revised Children's Manifest Anxiety Scale (RCMAS)	Western Psychological Services
Reynolds Child Depression Scale (RCDS)	Psychological Assessment Res., Inc.
Vineland Adaptive Behavior Scales	AGS
Young Adult Behavior Checklist and Young Adult Self Report	Research Center for Children, Youth, and Families