

**SCHOOL REPORT TO SUPERIOR
COURT/CSSD—FAMILY SERVICES**

JD-FM-8 Rev. 7-16

STATE OF CONNECTICUT
SUPERIOR COURT
www.jud.ct.gov



Instructions:

1. Family Relations Counselor to complete first 3 lines of this form.
2. School to complete remaining information on this form and return to the address below for Family Services office.

Address of Family Services office					Family Relations Counselor name	
Name and address of child					Date of birth	
Name and address of school					Docket number	
Date entered	Present grade	Credits earned	Grades repeated	Number of schools past 3 years	Special Education <input type="checkbox"/> Yes <input type="checkbox"/> No	504 <input type="checkbox"/> Yes <input type="checkbox"/> No
Education tests and dates:		I.Q. Performance	I.Q. Verbal	I.Q. Final	Grade ability	
Description and date(s): <div style="display: flex; flex-wrap: wrap; padding: 0;"><div style="width: 33%;"><input type="checkbox"/> ELL</div><div style="width: 33%;"><input type="checkbox"/> Learning disability</div><div style="width: 33%;"><input type="checkbox"/> ADD/ADHD</div><div style="width: 33%;"><input type="checkbox"/> ED</div><div style="width: 33%;"><input type="checkbox"/> Intellectual disability</div><div style="width: 33%;"><input type="checkbox"/> Autism</div><div style="width: 33%;"><input type="checkbox"/> Other disability</div><div style="width: 33%;"><input type="checkbox"/> TBI</div><div style="width: 33%;"><input type="checkbox"/> SLD/Dyslexia</div><div style="width: 33%;"><input type="checkbox"/> Speech/Language impaired</div></div>						
Psychiatric/Psychological tests and dates			Diagnosis		IEP needs	
Medications						
Physical exam date and examiner		Findings				
Attendance record						
School adjustment / behavior / relationships with peers and authority figures						
Child's overall ability to adapt to change						
Parents involvement with school / parent-teacher conferences / PPTs / results						
Observations of parent-child interactions / parents preparation of care for school day						
Social Services Agency contacts and results						
Return completed report to Court by: _____						
Attach copies of current academic records, including grades, evaluations, IEP/504 plan, PPT reports, and student success plan, if applicable.						
<input type="checkbox"/> "X" box and use reverse/another sheet if you have additional remarks that may help the court in understanding this child.						
Signed (Preparer)			Title		Date signed	