

Wakulla County Schools  
**EXTRAORDINARY CIRCUMSTANCES EXCEPTION**

**Background Information**

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Student #: \_\_\_\_\_ DOB: \_\_\_\_\_

Current School: \_\_\_\_\_ Grade: \_\_\_\_\_ CA: \_\_\_\_\_

**School Cumulative Folder Review**

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

**Evidence of (6 months or more ago):**

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Prior history of satisfactory relationships
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Prior history of compliant behavior
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Prior history of non-aggressive/non-destructive behavior
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Prior history of age appropriate social skills

**Behavior Observations (attach statements):**

School Psychologist: \_\_\_\_\_ Date: \_\_\_\_\_

**OR**

Behavior Specialist: \_\_\_\_\_ Date: \_\_\_\_\_

**Recent onset (within the past 6 months) of: (attach evidence)**

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Extreme feelings of sadness
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Frequent crying
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Loss of interest in friends and/or school work
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Moods swing for no apparent reason
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Erratic or restless behavior
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Fascination with death or violence
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Suicidal statements/attempts
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Fears or phobias
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Excessive worrying and/or anxiety
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Views are inconsistent with actual events
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Has strange or unrealistic ideas
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Withdraws from others for no apparent reason

1.	Student experienced a significant life events(s) or crisis within the past 6 months:	<input type="checkbox"/> Yes	<input type="checkbox"/> No,	<b>STOP</b>
2.	Student's current difficulties have an adverse educational impact:	<input type="checkbox"/> Yes	<input type="checkbox"/> No,	<b>STOP</b>
3.	Student's difficulties are attributable to physical, sensory, socio-cultural, developmental, medical, or health factors:	<input type="checkbox"/> Yes	<input type="checkbox"/> No,	<b>STOP</b>
4.	Student's emotional responses can be attributed to age, culture, gender, or ethnicity:	<input type="checkbox"/> Yes	<input type="checkbox"/> No,	<b>STOP</b>

**Student referred for a psycho-educational evaluation with an Extraordinary Circumstances Exception:**

<input type="checkbox"/> No	Student will be referred to the Problem Solving Team to initiate interventions
<input type="checkbox"/> Yes	Student will be referred to the Problem Solving Team to initiate a psycho-educational evaluation

ESE Director/Designee	School Psychologist	Behavior Specialist