



TCESC AUTISM CONSULTATION TEAM

DESCRIPTION OF CHILD

Date:

Completed by:

Name of Child:

Background of Child:

Age:

Male

Female

Disability:

Educational History:

Current Medications:

Description of Current Behavior:

Description of Past & Present Interventions:

Please send completed form and copies of the current multifactored evaluation team report and IEP to:

Michelle Tul, MD Supervisor
Trumbull County Educational Service Center
6000 Youngstown Warren Road
Niles, Ohio 44446

Or return the form as an email attachment to: michelle.tul@trumbullesc.org.