



## Generating Individual Flex Forms for Print or Email

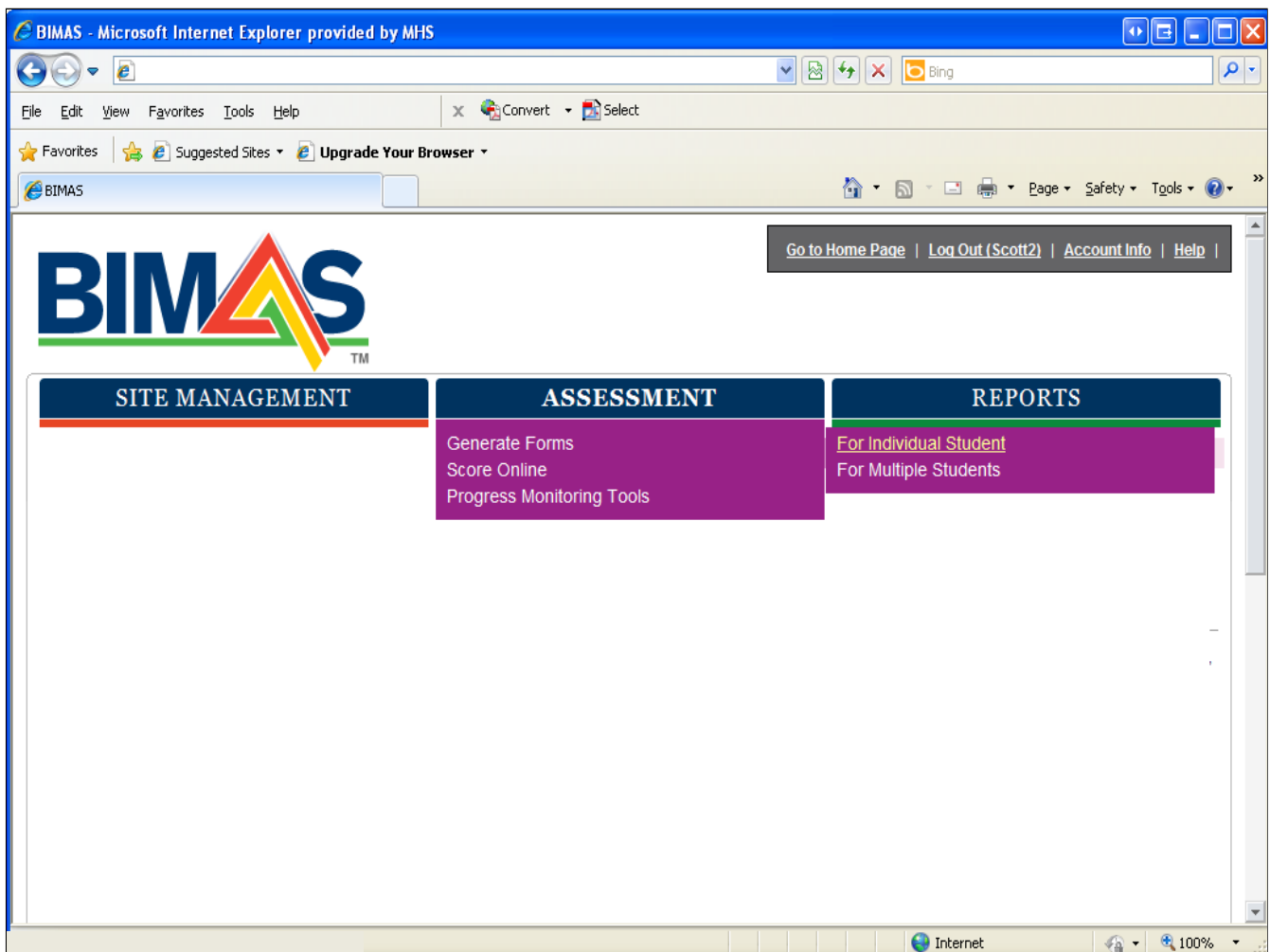


Copyright © 2011 Multi-Health Systems Inc. All rights reserved.  
No part of this document may be reproduced by any means without  
permission from the publisher.  
In the U.S.A., P.O. Box 950, North Tonawanda, NY 14120-0950  
In Canada, 3770 Victoria Park Avenue, Toronto, ON M2H 3M6

BIMAS Flex consists of Flex items that are customized for progress monitoring individual students. In order to generate a Flex form, you must first assign Flex items. To see how to assign Flex items and setup a Flex form for an individual student, refer to the help file, *Assigning Flex Items*.

To generate a Flex form:

1. Click **Assessment**.
2. Select **Generate Forms**.
3. Select **For Individual Student**.



Click **Select a Student** to select the student who has been assigned Flex items.

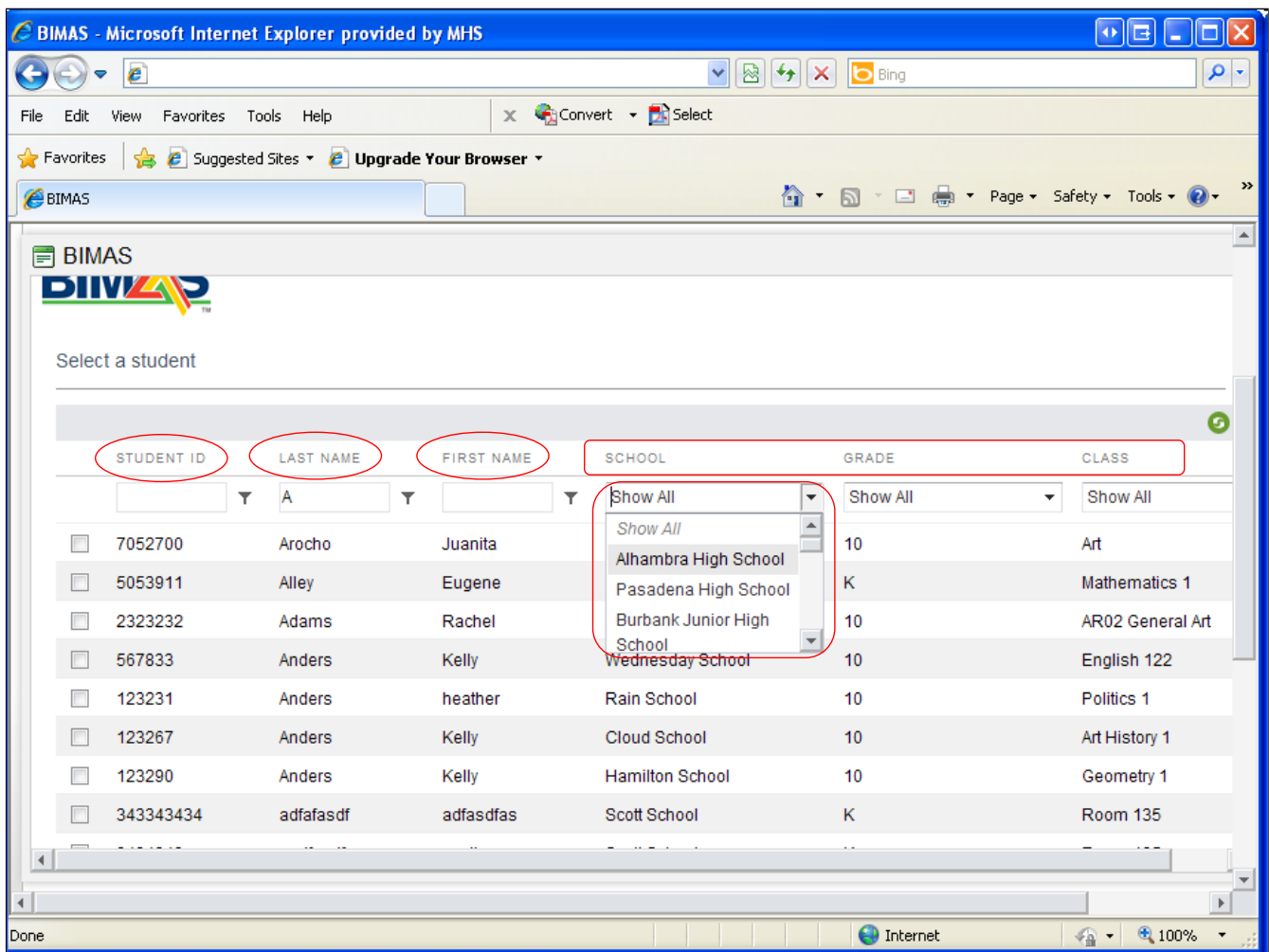
The **Select a Student** window appears with a list of students to choose from. The list may be long, so you can search for a student by entering any of the following information in the appropriate search fields, and pressing **Enter**.

- Student ID,
- Last Name, or
- First Name

You can also filter students by school, grade, or class.

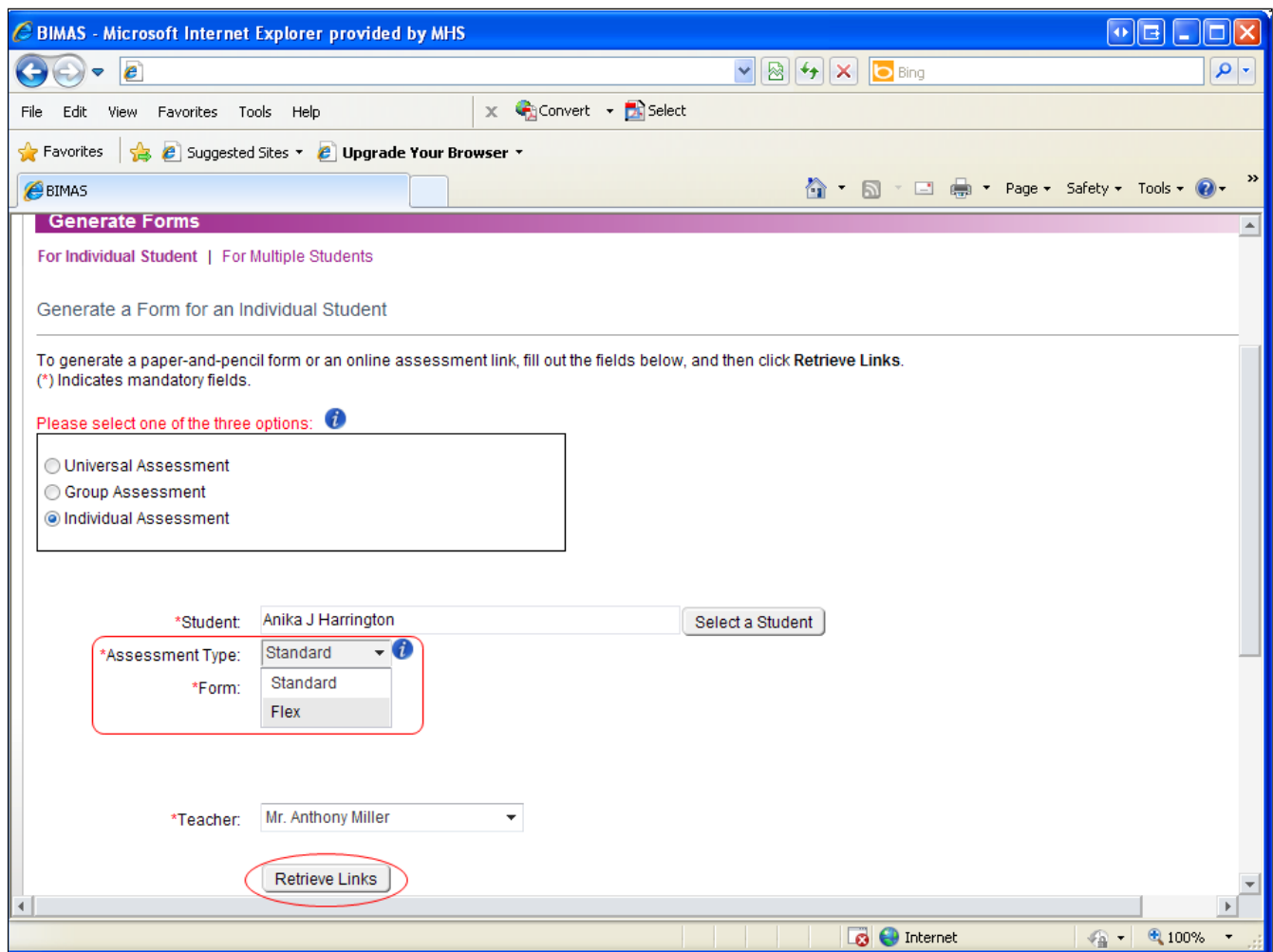
Select the student by clicking the checkbox beside his/her name.

Click **Select**.



In the **Generate Form for an Individual Student** page,

1. Select the **Individual Assessment** option.
2. Select **Flex** from the Assessment Type drop-down menu.
3. Select the **Form** type for the appropriate rater. Select the teacher name, if you wish to generate a Teacher form.
4. Click **Retrieve Links**.



The screenshot shows a web browser window titled "BIMAS - Microsoft Internet Explorer provided by MHS". The page is titled "Generate Forms" and has two tabs: "For Individual Student" (selected) and "For Multiple Students". Below the tabs, the text reads "Generate a Form for an Individual Student". A note states: "To generate a paper-and-pencil form or an online assessment link, fill out the fields below, and then click **Retrieve Links**. (\*) Indicates mandatory fields." Below this, a red text prompt says "Please select one of the three options:" followed by three radio button options: "Universal Assessment", "Group Assessment", and "Individual Assessment" (which is selected). Below the options are several form fields: "\*Student:" with a text input containing "Anika J Harrington" and a "Select a Student" button; "\*Assessment Type:" with a dropdown menu showing "Standard" and "Flex" (highlighted with a red box); "\*Form:" with a dropdown menu showing "Standard" and "Flex"; and "\*Teacher:" with a dropdown menu showing "Mr. Anthony Miller". At the bottom, a "Retrieve Links" button is circled in red. The browser's address bar shows "BIMAS" and the status bar at the bottom indicates "Internet" and "100%" zoom.

An **Online Assessment Link** will be generated. The link can be copied and pasted into an email and forward to the desired Rater. When the Rater receives the email and clicks on the web link, they are taken to the Flex form that they must complete.

A **PDF Download Link** is also available. This is the Flex paper form. Click on the link to download the PDF document, which can then be printed and distributed to the Rater to complete.

### Generate Forms

[For Individual Student](#) | [For Multiple Students](#)

Generate a Form for an Individual Student

To generate a paper-and-pencil form or an online assessment link, fill out the fields below, and then click **Retrieve Links**.  
(\* Indicates mandatory fields.)

Please select one of the three options: [i](#)

Universal Assessment  
 Group Assessment  
 Individual Assessment

\*Student:

\*Assessment Type:  [i](#)

\*Form:

\*Teacher:

Online Assessment Link: [i](#)

PDF Download Link: [i](#) [Click Here](#)



When the rater opens the link in his/her browser, he/she can immediately start completing the online assessment.

**BIMAS**  
**Anika Harrington**  
Teacher Form

**Response Key**  
0 = Never  
1 = Rarely  
2 = Sometimes  
3 = Often  
4 = Very Often

*During the past week, this student...*

#	Item	Never	Rarely	Sometimes	Often	Very Often
1.	had a negative self-image. Comments: <input type="text"/>	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
2.	was tearful. Comments: <input type="text"/>	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
3.	felt guilty. Comments: <input type="text"/>	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4



# Generating Individual Flex Forms for Print or Email

Clicking the PDF Download link will open up the Flex paper form, which can be printed and distributed to the rater.

<div style="text-align: center;"> <p><b>Teacher Flex Form</b> (Ages 5 -18) James L. McDougal, Psy.D., Achilles N. Bardos, Ph.D., &amp; Scott T. Meier, Ph.D.</p> </div> <div style="text-align: center; margin-top: 20px;"> <p>Today's Date</p> <table style="margin: auto;"> <tr> <td style="text-align: center;">MM</td> <td style="text-align: center;">DD</td> <td style="text-align: center;">YY</td> </tr> <tr> <td style="text-align: center;">□□</td> <td style="text-align: center;">□□</td> <td style="text-align: center;">□□</td> </tr> </table> </div> <div style="margin-top: 20px;"> <p><b>School:</b> Alhambra High School</p> <p><b>Student's Name:</b> Anika J Harrington</p> <p><b>Class Name:</b> Theatre Arts 3220</p> <p><b>Grade:</b> 12</p> <p><b>Student's Date of Birth:</b> 10-20-1993</p> <p><b>Student ID:</b> 5474561</p> <p><b>Date Printed:</b> 09-19-2011</p> <p><b>Teacher's Name:</b> Full Name</p> </div> <div style="text-align: center; margin-top: 20px;"> <p style="font-size: 8px;">Copyright © 2011 Multi-Health Systems Inc. All rights reserved. In the U.S.A., P.O. Box 965, North Tonawanda, NY 14204-0965, 1-800-456-3003. © Canada, 3770 Victoria Park Avenue, Toronto, ON M2H 3B6, 1-800-268-6211 (international), +1-416-942-2627, Fax: +1-416-942-3343 or 1-888-642-4484.</p> </div>	MM	DD	YY	□□	□□	□□	<div style="text-align: center;"> <p><b>Teacher Flex Form</b> (Ages 5 -18) James L. McDougal, Psy.D., Achilles N. Bardos, Ph.D., &amp; Scott T. Meier, Ph.D.</p> </div> <div style="border: 1px solid gray; padding: 5px; margin-top: 10px; font-size: 10px;"> <p><b>Instructions:</b> Please rate how often the student displayed each of the following behaviors during the past 1 week(s). For each item, ask yourself "how often did this behavior occur in the past 1 week(s)?" Then, shade in the best answer for each one. Please shade only one answer for each item. It is important to respond to every item. For items that you find difficult to answer, please give your best guess. You can also enter a comment below each item.</p> <p><b>Rating:</b> During the past week, this student...</p> <ul style="list-style-type: none"> <li><input type="radio"/> = Never</li> <li><input type="radio"/> = Rarely</li> <li><input type="radio"/> = Sometimes</li> <li><input type="radio"/> = Often</li> <li><input type="radio"/> = Very Often</li> </ul> </div> <div style="margin-top: 10px;"> <p><i>During the past week, this student...</i></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 5%; text-align: center;">Never</th> <th style="width: 5%; text-align: center;">Rarely</th> <th style="width: 5%; text-align: center;">Sometimes</th> <th style="width: 5%; text-align: center;">Often</th> <th style="width: 5%; text-align: center;">Very Often</th> </tr> </thead> <tbody> <tr> <td style="border: 1px solid gray; padding: 2px;">1. had a negative self-image.</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td style="border: 1px solid gray; padding: 2px;">Comments:</td> <td colspan="5"></td> </tr> <tr> <td style="border: 1px solid gray; padding: 2px;">2. was tearful.</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td style="border: 1px solid gray; padding: 2px;">Comments:</td> <td colspan="5"></td> </tr> <tr> <td style="border: 1px solid gray; padding: 2px;">3. felt guilty.</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td style="border: 1px solid gray; padding: 2px;">Comments:</td> <td colspan="5"></td> </tr> </tbody> </table> </div> <div style="text-align: center; margin-top: 20px;"> <p style="font-size: 8px;">Copyright © 2011 Multi-Health Systems Inc. All rights reserved. In the U.S.A., P.O. Box 965, North Tonawanda, NY 14204-0965, 1-800-456-3003. © Canada, 3770 Victoria Park Avenue, Toronto, ON M2H 3B6, 1-800-268-6211 (international), +1-416-942-2627, Fax: +1-416-942-3343 or 1-888-642-4484.</p> </div>		Never	Rarely	Sometimes	Often	Very Often	1. had a negative self-image.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Comments:						2. was tearful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Comments:						3. felt guilty.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Comments:					
MM	DD	YY																																															
□□	□□	□□																																															
	Never	Rarely	Sometimes	Often	Very Often																																												
1. had a negative self-image.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																												
Comments:																																																	
2. was tearful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																												
Comments:																																																	
3. felt guilty.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																												
Comments:																																																	