

(Intensive Behavior Support)

Referring Teacher's Name: _____ Homeroom Teacher's Name: _____
Name of Student: _____ Date: _____
Student Grade: *1* Type of Classroom: _____

Have you consulted with any member of the school team regarding this student? *Select..*
If so, who?

Have you reviewed the student's cumulative file? *Select..*

Academic Performance:

The student is an English Language Learner <i>Select..</i>		
Please indicate the student's academic performance: Math: <i>Below</i>	Reading: <i>Below</i>	Writing: <i>Below</i>

Academic Supports:

Does the student receive any additional academic support (i.e., resource room/tutoring/homework help) <i>No</i> If yes, please explain:
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Problem Behavior(s): Identify problem behaviors

Check all that apply:		
<input type="checkbox"/> Tardy	<input type="checkbox"/> Self-Injury	Other <input type="text"/>
<input type="checkbox"/> Non-Compliance	<input type="checkbox"/> Academic Performance	<input type="checkbox"/> Inappropriate Language
<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Inappropriate Social Interactions	<input type="checkbox"/> Disruptive
<input type="checkbox"/> Fighting/Physical Aggression		

Describe behavior:

Behavioral/Academic Strategies:

What behavioral/academic strategies have been attempted (for example: after school tutoring/social skills training/individual contracts, ELL or native language support)? How successful were they?

1.

2.

Additional Information:

To help us gather more information, when would we most likely be able to observe the problem behavior?

Are there other considerations that may be influencing the student's behavior (i.e., medications, family situations, health concerns, bus issues, etc.)?

Additional Comments: