



SPECIAL EDUCATION ASSOCIATION OF PEORIA COUNTY

4812 W Pfeiffer Rd., Bartonville, IL. 61607

Ph: 309-697-0880 Fax: 309-697-0884

REQUEST FOR CONSULTATION

Student: First: _____ MI _____ Last: _____ Birth Date: _____ Grade: _____ Gender: _____

Current Program: General Education Rtl Team Referral Special Education Current Eligibility/Category: _____

Teacher(s): _____ Best Time to Contact Teacher: _____

Resident District #: _____ Serving District #: _____ School of Attendance: _____

School Phone #: _____ Teacher(s) Email: _____

****PLEASE ATTACH STUDENT AND TEACHER DAILY SCHEDULE****

CONSULTATION REQUESTED:

- | | |
|---|--|
| <input type="checkbox"/> Adapted PE/Behavior/Learning | <input type="checkbox"/> PT |
| <input type="checkbox"/> Social Worker | <input type="checkbox"/> Hearing (Hearing report attached) |
| <input type="checkbox"/> OT (sensory or fine motor) | <input type="checkbox"/> Vision (Attach Form 809 & Ocular Report if available) |

CHECK AREAS OF CONCERN RELATED TO THIS REQUEST

Learning	<input type="checkbox"/> Reading <input type="checkbox"/> Math <input type="checkbox"/> Spelling	<input type="checkbox"/> Writing <input type="checkbox"/> Study Skills <input type="checkbox"/> Work Completion <input type="checkbox"/> Other	Describe:
Social Behaviors	<input type="checkbox"/> Aggression <input type="checkbox"/> Non-Compliance <input type="checkbox"/> Withdrawal <input type="checkbox"/> Self Image <input type="checkbox"/> Attention Problems	<input type="checkbox"/> Disruptions <input type="checkbox"/> Social Skills <input type="checkbox"/> Self-Management <input type="checkbox"/> Communications <input type="checkbox"/> Other	Describe:
Communication	<input type="checkbox"/> Receptive Language <input type="checkbox"/> Expressive Language	<input type="checkbox"/> Understanding Non-verbal Cues <input type="checkbox"/> Other	Describe:
Sensory	<input type="checkbox"/> Visual Sensitivity <input type="checkbox"/> Auditory Sensitivity <input type="checkbox"/> Touch Sensitivity	<input type="checkbox"/> Coping with Environment <input type="checkbox"/> Other	Describe:
Physical	<input type="checkbox"/> Fine Motor <input type="checkbox"/> Gross Motor <input type="checkbox"/> General Health	<input type="checkbox"/> Hearing <input type="checkbox"/> Vision <input type="checkbox"/> Other	Describe:

Complete the chart below for the behavior challenge(s) you observe:

<i>Behavior Challenge (briefly describe)</i>	<i>Length of Observance (2-3 months, 1 semester, all year, etc.)</i>	<i>Frequency (2-3 times per day, every hour, certain time of day, etc.)</i>	<i>Duration (1-10 mins., 10-20 mins., more than 30 mins., etc.)</i>	<i>What # on the Intensity Scale would you rate this behavior challenge? (SEE scale on last page of this form)</i>

For the behavior challenge(s) listed in the chart, please mark the *intervention strategies* that have been attempted and the results:

<u>Strategies</u>	<u>Very Effective</u>	<u>Effective Sometimes</u>	<u>Not Effective</u>	<u>Have Not Attempted</u>
Redirection				
Loss of Privileges				
Rewards				
Preferential Seating				
Visuals				
Break to Calm/Reset				
Teaching/Reteaching of expectations				
Behavior Contract				
Point Sheet/daily chart				
Planned Ignoring				
Modified Assignments				
Detention				
In School Suspension				
Out of School Suspension				
Verbal Praise				
Office Referral				

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For the problems listed on the front, list the intervention strategies that have been attempted and the results:

Strategy 1: _____

Result 1a: _____

Strategy 2: _____

Result 2a: _____

Strategy 3: _____

Result 3a: _____

Previous personnel involvement:

Social Worker Counselor Rtl Team SEAPCO Consultant Outside Agency: _____

If so, who: _____

THIS SECTION REQUIRED FOR ALL REQUESTS:

Parent Notified by (name & district #): _____ Date _____

District Administrator's Signature: _____ Date _____

SEAPCO Administrator's Signature: _____ Date _____

Please email completed Request for Consultation to lroberts@seapco.org for SEAPCO Director's review/approval.

For Office Use Only

Reviewed by Director _____

Date _____

Personnel assigned: _____

Processor's Initials _____

INTENSITY SCALE

5	<p><u>SEVERE</u> <u>(may be removed from room or school)</u></p>	<ul style="list-style-type: none"> • <u>Likely to cause harm to self or others</u> <ul style="list-style-type: none"> • <u>Some examples include:</u> <ul style="list-style-type: none"> ○ <u>Hitting repeatedly</u> ○ <u>Biting hand and breaking skin</u> ○ <u>Yelling more than 20 minutes</u> ○ <u>Requires physical intervention</u> ○ <u>Requires constant supervision to stay in assigned area</u>
4	<p><u>DISRUPTIVE -HARMFUL</u> <u>(may require additional safety measures [i.e. remove student or class])</u></p>	<ul style="list-style-type: none"> • <u>Behavior is present to an extreme degree: the individual is not able to engage in appropriate behavior due to the interference of the agitated behavior, even when external cueing or redirection is provided.</u> <ul style="list-style-type: none"> • <u>Some examples include:</u> <ul style="list-style-type: none"> ○ <u>Biting hand, leaves marks, but doesn't break skin</u> ○ <u>Screaming uncontrollably</u> ○ <u>Repeated threats of violence towards self or others</u> ○ <u>Throwing objects, flipping desk</u> ○ <u>Repeated picking that bleeds</u>
3	<p><u>MODERATE</u></p>	<ul style="list-style-type: none"> • <u>Might hurt someone else or self</u> <ul style="list-style-type: none"> • <u>Some examples include:</u> <ul style="list-style-type: none"> ○ <u>Slapping</u> ○ <u>Crying</u> ○ <u>Spitting</u> ○ <u>Clearing table of items</u> ○ <u>Frequently threatens violence</u> ○ <u>Not responsive after repeated prompting, cueing and redirection.</u>
2	<p><u>DISRUPTIVE -BUT NOT HARMFUL</u> <u>(handled in the classroom)</u></p>	<ul style="list-style-type: none"> • <u>Distracted by other persons, objects, activities in the room, but requires prompting/cueing, or distraction removed.</u> <ul style="list-style-type: none"> • <u>Some examples include:</u> <ul style="list-style-type: none"> ○ <u>Yelling once</u> ○ <u>Banging on table</u> ○ <u>Tearing up papers</u> ○ <u>Refuses to participate</u> ○ <u>Threatens violence 1-2 times</u> ○ <u>Profanity, but responds to prompting</u> ○ <u>Excessive picking that terminates with prompting</u>
1	<p><u>MILD</u> <u>(handled in the classroom)</u></p>	<ul style="list-style-type: none"> • <u>Would not cause harm to anyone and was not disruptive</u> <ul style="list-style-type: none"> • <u>Some examples include:</u> <ul style="list-style-type: none"> ○ <u>Present to a slight degree: the behavior is present but does not prevent the conduct of other, contextually appropriate behavior. (The individual may redirect spontaneously, or the continuation of the agitated behavior does not disrupt appropriate behavior.)</u> ○ <u>Distracted by other persons, objects, activities in the room while engaged in a task, but returns to task easily without redirection.</u> ○ <u>Rocking without disruption</u> ○ <u>Fidgeting</u> ○ <u>Drawing/Coloring</u>