

SPECIAL EDUCATION ASSOCIATION OF PEORIA COUNTY

4812 W Pfeiffer Rd., Bartonville, IL. 61607

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REQUEST FOR BEHAVIOR CONSULTATION

(BEFORE FILLING OUT MAKE A COPY OF THIS DOCUMENT AND CHANGE THE TITLE TO THE REFERRING TEACHER'S NAME, SCHOOL AND DATE)

Prior to completing this form, I have **(Check all that apply)**

- Met with my school problem solving team or grade level team
- Designed a plan for intervention
- Implemented the plan for 4-6 weeks
- Took quantitative data and shared it with the team

Student: First: ____ Mid: ____ Last: ____ Birth Date: ____ Grade: ____ Gender: ____

Current Program: General Education RtI 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: ____

Check the areas of concern:

Social	<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:
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:
Academic	<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:

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

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

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

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

Date Parent Notified: _____

Referring District Person Notifying Parent: _____

Signature of Referring Person _____
Please Print Name _____ Signature _____
Date _____

Authorized Administrator _____ Date _____

If submitting electronically: In lieu of an electronic signature, I understand that submitting this form signifies that I have spoken with my principal and/or administrator and he/she is in agreement of the need for the requested consultation.

Attach any behavior management systems currently in place for the entire class. Also, attach any individual behavior management system you currently have in place for this student.

FOR OFFICE USE ONLY

Reviewed by Director _____ Date _____ Processor's Initials _____

Personnel assigned: _____

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>