

Behavior Consultant Referral Form

Student Name_____ **Grade**_____

Date_____

School_____ **Teacher**_____

Phone/Email_____

1. Behaviors of Concern (be as specific as possible, include frequency, duration and intensity):

2. What interventions have been recommended from service providers listed below (check all that apply):

___School Psychologist/Social Worker Recommendation:

___Special education teacher Recommendation:

___Speech Language Pathologist Recommendation:

___Other_____ Recommendation:

3. Indicate the dates for the following events:

Problem-solving team planning_____

Staffing_____

Date Parent Permission Obtained: _____

Parent Signature (Required): _____

4. Prioritize services needed from the consultant:

___ Observation ___ Recommendation
___ Team conference ___ Attend staffing
___ Other-
Specify _____

5. Attach a copy of the most recent IEP

6. Indicate times that will work best for a meeting

Accessing Behavioral Consultant Support

- A behavior consultant referral is made for a student after building resources (school psychologist, social worker, counselor, staffing coordinator, special education teacher, speech-language pathologist, building administration, parents) have been utilized and **interventions are attempted, documented and data is kept and reviewed.**
- A Behavior Consultant Referral Form is completed and sent to the consultant. After the information is reviewed and all relevant documents are obtained (IEP, BIP, data, student schedule, etc.) the consultant calls and schedules a meeting/consultant time. The referring staff member then notifies other building staff of the meeting/observation.
- After the behavior consultant comes to the school and offers ideas/suggestions and makes recommendations, a time will be scheduled to follow-up with the referring staff member. At this time, the consultant and staff will discuss regarding implementation of suggested interventions, data, and additional ideas, and/or changes/modifications to interventions.