



119 Mechanic Street  
Smethport, PA 16749

## Behavior Consultant Referral Form

behaviorteam@iu9.org

<b>Student:</b>	<b>Birth Date:</b>	<b>Grade Level:</b>
<b>School:</b>	<b>Current Program:</b>	
<b>Parent/Guardian's Name:</b>		
<b>Referring Person(s):</b> <b>Email:</b> <b>Telephone:</b>		<b>Position:</b>

Is this an initial behavior consultant referral?	Yes or No	If no, previous referral date:
<b>Special Education</b>	<b>Circle/Highlight one:</b>  No current Sp. Ed. Services Initial Sp. Ed. Evaluation Stage Current Eval/Re-eval and IEP	<i>Please ATTACH a copy of the current IEP if applicable.</i>
<b>Special Education Disability Category</b>		
<b>If this student has been suspended; how many suspension days total (both ISS and OSS)?</b>		
<b>**OPTIONAL** Student's Medication Regimen</b>		

Completing the following:

<b>Setting Events/Predictors:</b>	<b>Problem Behavior and Frequency</b>	<b>Consequences/Actions Taken</b>

<b>Behavior</b>	<b>Frequency/Duration</b>	<b>Actions Taken</b>
<b>Behavioral</b>		
Eloping out of classroom/or building		
Wandering around classroom		
Verbal Aggression		
Destruction of Property		
Prompt Refusal (i.e. saying no)		
Self-Harm		
Stealing		
Off Task		
Profanity		
Aggressive Behavior (list)		
Self-Injurious Behaviors (list)		

Other: (list)		
<b>Emotional</b>		
Crying		
Negative Self Talk		
Extreme Sadness		
Depression		
Mood Swings		
Anxiety		
Withdrawal		
Suicidal Ideations		
List Others:		

Indicate **YES** beside all interventions (along with others that are not noted) below that have been used with the student along with the **time frame of the usage**.

<b>Intervention</b>	<b>Yes</b>	<b>Time Frame of Intervention Used</b>
<b>Environment</b>		
Changed seating assignment		
Change in class schedule		
List Others:		
<b>Assignments/Assessments</b>		
Extra time for task/assignment completion		
Read all directions to student		

Adapted assignments/tests (i.e. less items presented, multiple choice vs. short answer, removal of a multiple-choice option, etc)		
Arranged tutoring to improve academic skills		
Give directions in small steps		
Give oral cues or prompts		
Shorten tests/assessments		
Adaptations for specific tasks (i.e. scribe for writing, read test questions, etc)		
List Others:		
<b>Organizational Skills</b>		
Provide routine schedule		
Break down task into small steps		
Reward for starting and completing task		
Use of timer		
List Other:		
<b>Instruction</b>		
Individual/small group instruction		
Short, clear directions verbally and visually		
Student repeats directions		
Teacher individually reviews directions with student		
Use of concrete materials/manipulative		
Material at student's level of instruction		
Reinforce correct response promptly		
List Others:		
<b>Behavior</b>		
Use of daily/weekly monitoring data sheet		

Model desired classroom behavior		
Increase praise/positive comments to student		
Use logical consequences		
Loss of Privileges		
Use of reinforcers and consequences for target behaviors		
Reminders of expected behavior		
Reward/Token economy system for student		
Arranged social skills group for student		
Written behavior contract with student		
Break opportunities		
Referral to school counselor		
List Others:		

Indicate **YES** beside all punishments (consequences for negative behavior) used and note any others that were used but not listed.

<b>Punishments (Ways to decrease negative behavior)</b>	<b>Yes</b>
Loss of classroom/school privileges	
Time out	
Note or phone call to parent/guardian(s)	
Office Discipline Referral	
Detention	
Meeting with parents regarding behavior	
Individual meeting with student	

List Others:	

Indicate all in-school and outside services along with a time frame.

Service and Provider	In-School/Outside of school/Both	Time Frame

Referring Person(s) Signatures:

Signature	Date
Signature	Date

Email referral to: [behaviorteam@iu9.org](mailto:behaviorteam@iu9.org)  
 A follow-up email from the IU9 behavior team will be sent within 3 business days to verify the student referral was received.