

Behavior Referral Form



The Special Education Behavior Team is a support service for students receiving special education services and/or students with a suspected disability who are in the process of being tested for eligibility. This form must be completed if you are requesting assistance with a student. It is the responsibility of the campus to contact the parent regarding the student's behavior and hold a parent conference informing the parent that the Behavior Team is needed to begin behavior interventions with the student. When the form is completed and signed by all parties, please submit to the Special Education Behavior Coordinator, Joe Williamson, (Joe.Williamson@ectorcountysisd.org). The form will be forwarded to the Special Education Behavior Specialists.

Student Name: _____ Parent/Guardian _____
Address _____ School _____
Telephone _____ Referring Teacher _____
Current Grade _____ D.O.B. _____ Date of Referral _____
Date of Parent Conference regarding concerning behavior _____

Has MTSS been started on the above mentioned student? Yes No
Does the above mentioned student have a special education referral? Yes No

If the answer is no, please begin the MTSS process for general education students.

Behavior Checklist: (Major Behaviors)

- | | |
|--|---|
| <input type="checkbox"/> Destructive (destroying property) | <input type="checkbox"/> Throwing Furniture |
| <input type="checkbox"/> Fights; aggressive | <input type="checkbox"/> Hitting, Kicking |
| <input type="checkbox"/> Spitting/Biting | <input type="checkbox"/> Elopement (leaving Classroom? Campus?) |

(Minor Behaviors)

- | | |
|---|--|
| <input type="checkbox"/> Argumentative | <input type="checkbox"/> Defiant |
| <input type="checkbox"/> Inappropriate language (sexual and/or profanity) | <input type="checkbox"/> Grunting, Moaning |
| <input type="checkbox"/> Sleeping | <input type="checkbox"/> Off-task |
| <input type="checkbox"/> Easily Distracted | <input type="checkbox"/> Yelling |
| <input type="checkbox"/> Anxious (fearful) | <input type="checkbox"/> Impulsive |

Environmental Factors: (Has the student experienced this recently?)

- Successive relocations
- Recent break-up in family (divorce, separation, jail, etc.)
- Recent death in family
- Other (please specify) _____

Briefly state the reason for referral: _____

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Please list the strategies you have tried so far. _____

How long have the strategies been implemented and what has been the outcome? _____

Principal's Signature _____ Date _____

Parent Signature _____ Date _____

Behavior Team Notes:

Date Received: _____

Date Reviewed: _____

Behavior Team Recommendation: _____

