



Behavior Consultant Services Referral

Student's Name: _____ Date of Birth: _____

School: _____ Grade: _____

Special Education Eligibility, if applicable: _____ Referring Person: _____

Parent(s) _____ Address: _____ City: _____ Zip: _____ Phone: _____ Legal Guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No Referral Discussed with Parents? <input type="checkbox"/> Yes <input type="checkbox"/> No	Parent(s) _____ Address: _____ City: _____ Zip: _____ Phone: _____ Legal Guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No Referral Discussed with Parents? <input type="checkbox"/> Yes <input type="checkbox"/> No
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The following is required prior to request for Behavior Consultant Service. Please document and attach appropriate supporting evidence prior to submission to CGRESD Behavior Consultant.

Medical/Medication information: _____

Outside agency involvement: _____

Reason for Referral (Behaviors of concern): _____

What type of Behavior Consultant Services are you requesting? (Choose A or B)

<p><input type="checkbox"/> A – Informal Support</p> <p>This service includes general consultation with team members, attendance at behavioral meetings regarding the student, short term observations of a student, support with creating an FBA, and support with creating a BIP. This service would be for a student that does not pose a safety risk or imminent danger to self or others. This form of consultation is available for students that haven't responded to behavioral supports provided by the local district team/RESA assigned team. The referral form is one page (information above). The following pages <u>do not</u> need to be completed at this time when choosing option A.</p>	<p><input type="checkbox"/> B – Formal Support</p> <p>These services include all services of informal support plus regular monitoring and consultation with team members, extended observations if needed, and further support for FBA, BIP, and behavioral interventions. This service would be for a student that poses a safety risk, imminent danger to self or others, and has already received many behavioral interventions without progress. This form of consultation is available for students <u>with</u> an active IEP. The following pages need to be completed at this time when choosing option B.</p>
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Documents to Attach:

- Functional Behavioral Assessment (include dates and pertinent medical information)
- Behavior Intervention Plan with Positive Behavior Supports (include data demonstrating effects of plan)
- Parent Input
- Incident reports

CGRESD Behavior Consultant

Date of contact to discuss this referral: _____

After reviewing all information related to this case, I:

- Find substantial documentation of interventions or have determined the nature and severity of the behaviors of concern warrant this level of intervention.
- Recommend further interventions prior to Behavior Consultant involvement.

Complete these forms and submit all required documents for approval to CGRESD Behavior Consultants:

Gladwin County & CTE: Cristen Heyer cheyer@cgresd.net Phone: 989.426.7341

or

Clare County & Area School: Matthew Smith msmith1@cgresd.net Phone: 989.588-9913 x 4117

CGRESD Behavior Consultant

Date