**Referral for Behavior Consultation**

Complete and send to YWCCSSC for Psychologist Assignment

Mail: 2016 Grand Avenue, Suite C, Billings, MT 59102

Fax: 839-2345

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_

Person Making Referral: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone/email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of last IEP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Disability: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of last Evaluation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the student have a Functional Behavior Assessment? Yes No Date: \_\_\_\_\_\_\_\_\_

Does the student have a Behavior Plan? Yes No Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Outside Services: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Behaviors of Concern** (i.e. aggression, withdrawal, stereotypy, self-injury, destruction of property, etc). For each of the behaviors of concern, define the *frequency* (how often it occurs per day, week, or month), *duration* (how long it lasts when it occurs), and *intensity* (how damaging or destructive the behaviors are when they occur).

**Baseline Data:** Attach Form(s) i.e. ABC Observation, Scatterplot; Frequency Count, etc.

**Interventions:**

 Visual/Verbal Cues Behavior Chart Redirection Parent Conference

 Student Conference Positive Reinforcement Provide Breaks Extra Time

 Preferential Seating Offer Choice Time-out In-school Suspension

 Supported Transition Reduce Distractions Visual Schedule Social Stories

 Use Timer Modify Tasks/Assignments Alternative Schedule/Shortened Day

 Referral to Additional Services: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other interventions:

Duration of intervention: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_