|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Student:** | **ID #:** | **DOB:** | **Gr.:** | **Campus:** |

|  |
| --- |
| **Person Providing Information:** |

**Note:**  **This form is used when considering the need for a formalized Positive Behavior Support Plan (PBSP), referrals for behavioral disabilities, and/or long-term removals.**

**Directions: Keeping in mind the targeted behavior(s) of concern, describe the situation in which the behavior occurs.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Location:** | Classroom | Hallways | Cafeteria | Bus | Other: |
| **Time:** | Morning | Lunch | Afternoon | Elective | Other: |
| **Person:** | Teacher | Paraprofessional | Support Staff | Peers | Other: |
| **Instructional Time:** | Whole Group | Small Group | One-To-One | Transition | Other: |

**Other Factors for Consideration: *Check all that apply.***

|  |  |  |
| --- | --- | --- |
| Student on prescribed Medication | Still Ill | Student Exhibits Academic Problems |
| Problems at Home | Other Factors: | |

**Please indicate the strategies you have implemented and their degree of success: *Check all that apply.***

|  |  |
| --- | --- |
| **Strategies Implemented** | **Results** |
| Assignment Sheets | Successful  Improvement  Not Successful  N/A Successful |
| Change Seating Arrangement | Successful  Improvement  Not Successful  N/A Successful |
| Behavior Chart | Successful  Improvement  Not Successful  N/A Successful |
| Discipline/Office Referrals/Student Conference | Successful  Improvement  Not Successful  N/A Successful |
| Parent Contact/Phone/Conference/Note | Successful  Improvement  Not Successful  N/A Successful |
| Tutoring/After School/Peer Tutor | Successful  Improvement  Not Successful  N/A Successful |

**I certify that the information provided in the student’s behavior support plan is accurately describing the behavior exhibited from the student.**

|  |  |
| --- | --- |
| Signature of Teacher of Record | Date |