|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 |