Site/Classroom #:       Classroom Teacher:

|  |  |
| --- | --- |
| **Complete details below, place an “X” next to the type of consultation(s) requested, and list requested scores.** | |
| **Name of Student:** | Developmental Concern  Behavior Concern |
| **Classroom Observation Date:** Click or tap to enter a date.  **Teacher Observing Student:** | **Brigance Screener Total Score/Date**       **/** Click or tap to enter a date. |
| **Check here if the child has an IEP** | **Most recent E-Deca T-Score/Period**      **/** Choose an item. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Observed Behaviors of Concern**  **(Indicate frequency next to behaviors observed: D for daily, W for weekly, and number of times per day/week; i.e. D/3)** | | | | | |
| Non-compliance |  | Exclusion of peers |  | Yelling at others |  |
| Disrespect/defiance |  | Making fun of others |  | Abusive language/ profanity |  |
| Negative facial reaction to direction |  | Name-calling |  | Physical aggression/ fighting |  |
| Negative verbal reaction to direction |  | Taking materials from others |  | Throwing things |  |
| Leaving the room/building |  | Dishonesty |  | Habitual classroom disruption |  |
| Lack of participation |  | Lack of eye contact |  | Fixated on certain objects/ activities |  |
| Invading others’ space |  | Verbal aggression/arguing |  | Other (specify): |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Location Where Behaviors Occur** (**Place “X” next to all that apply)** | | | | | |
| Classroom |  | Lunch area |  | Music room |  |
| Small group work areas |  | Hallways |  | Library |  |
| Individual work areas |  | Playground/outdoors |  | Other (specify): |  |
| Large group meeting areas |  | Bathroom |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Strategies Used to Teach Expected Behaviors**.**(Indicate frequency next to applicable strategies using codes given above)** | | | | | | | |
| Reminders about expected behavior; redirection |  | Systematic feedback about behavior |  | Practice/model expected behaviors in class |  | Other (specify): |  |
| Reward for expected behavior |  | Clarifying expected rules and behavior for whole class |  | Individual written contract with child |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Classroom Management Strategies Used to Manage Behaviors (Indicate frequency next to applicable strategies using D/W/# codes)** | | | | | | | |
| Increased/targeted supervision |  | Changed schedule of activities |  | Modified tasks |  | Adjusted schedule |  |
| Reviewed rules with child |  | Note/phone call to parent(s) |  | Provided extra help |  | Changed curriculum |  |
| Praise positive behavior |  | Meeting with Parents |  | Office/other referral |  | Redirection |  |
| Individual meeting with child |  | One-on-One Interactions with child |  | Other (specify): | | |  |

|  |  |  |
| --- | --- | --- |
| **Parent/Guardian consent obtained?**  **Yes**  **No** | **E-mail Addresses**  **FES’s E-mail:**  **Teacher’s E-mail:** | **Screening Results (Click on Drop-Down)**  **Hearing (H):** Choose an item.  **Vision (V):** Choose an item.  **Speech (S):** Choose an item.  **Student needs:** Choose an item. |