

Request for Assistance
SOCIAL/ EMOTIONAL/BEHAVIOR CONCERN

Date: _____ Teacher/Team _____

IEP: Yes No (Circle)

Student Name: _____ Grade _____

Grades retained _____ Previous/current service _____

Parent initiated referral? yes/no

Situations	Problem Behavior	Most Common Result
What have you tried/used? How has it worked?		

What is your behavioral goal/expectation for this student? _____

What have you tried to date to change the situations in which the problem behavior(s) occur?

<input type="checkbox"/> Modified assignments to match the student's skills	<input type="checkbox"/> Changed seating assignments	<input type="checkbox"/> Changed schedule of activities	Other?
<input type="checkbox"/> Arranging tutoring to improve the student's academic skills	<input type="checkbox"/> Changed curriculum	<input type="checkbox"/> Provided extra assistance	

Have you tried to date to teach expected behaviors?

<input type="checkbox"/> Reminders about expected behavior when problem behavior is likely	<input type="checkbox"/> Clarified rules and expected behavior for the whole class	<input type="checkbox"/> Practiced the expected behaviors in class	Other?
<input type="checkbox"/> Reward program for expected behavior	<input type="checkbox"/> Oral agreement with the student	<input type="checkbox"/> Self-management program	
<input type="checkbox"/> Systematic feedback about behavior	<input type="checkbox"/> Individual written contract with the student	<input type="checkbox"/> Contract with student/with parents	

WHEN ADDRESSING THIS PROBLEM, PLEASE CONSIDER THE FOLLOWING QUESTIONS:

1. When is the problem behavior(s) *most* and *least* likely to occur?
 - On particular days of the week (e.g. Monday) or times of day (e.g. right after recess)?
 - During or after interactions with certain people (e.g., during small, cooperative group projects)?
 - During certain types of activity or tasks (e.g. during apparently difficult or boring work).
 - In connection with particular features of the physical environment (e.g. noisy, crowded)?
 - Features of routine (e.g. when there are unexpected changes or when a preferred activity is canceled)?
 - Medical or physical factors (e.g. apparent hunger or lack of sleep)?
 - Other influences?
2. What do you think the student(s) may gain from the problem behaviors?
 - Attention? What kind of attention? From whom?
 - Avoid an apparently difficult or boring activity?
 - Avoid teacher interaction?
 - Get control of a situation?
 - Avoid embarrassment in front of peers?

Summary of Behavior

Setting Events & Predictors	Behaviors of Concern	Maintaining Consequences

3. Are there appropriate behaviors that the student could use that would make the problem behavior unnecessary?
4. Teacher support team decision
 - Some suggestions regarding interventions to try.
 - Referral to a different team for assessment (speech hearing, academic): _____
 - Formation of an action team to conduct a functional assessment and develop a plan of support.
5. Date for follow-up.