Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Hour:\_\_\_\_\_\_\_\_

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please return by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The above student has received \_\_\_\_\_office referrals and will soon be considered for positive Tier 2 behavior interventions at Saeger. The Spartan Way team is looking for your input as to how this student is doing in your class. Your feedback will be used by the Tier2 team as we consider appropriate future interventions. Thank you.

Behavior in your class (general description):

If there are specific classroom behavior concerns, please complete the following section:

Specific class behavior concern:

Type of activity most like to result in this behavior:

Frequency of this behavior:

Type of response received by the student to the problem behavior: (check all that apply)

* + - Redirection
		- Peers laughed or commented
		- Peers disregarded
		- Teacher conference
		- Change of student location
		- Change of assignment

Other interventions attempted in your class: