**TEACHER NOMINATION FOR ASSISTANCE**

Student Name Age Grade IEP  Yes  No

Teacher Completing Date

**ACADEMIC INFORMATION**

|  |  |
| --- | --- |
| Overall G.P.A. Reading Grade Written Language Grade Math Grade  | Do you believe that academic skills, including task completion, are impacting the problem behavior? Yes No Unsure |

**WHAT IS THE PROBLEM BEHAVIOR?**

|  |  |
| --- | --- |
| **Internalizing Behaviors:**☐ Exhibits sadness or depression☐ Sleeps a lot☐ Is teased or bullied by peers☐ Does not participate in games☐ Very shy or timid☐ Acts fearful☐ Does not stand up for self☐ Self-injury (cutting, head banging)☐ Withdrawn☐ Other  | **Externalizing Behaviors:**☐ Out of seat/assigned area☐ Inappropriate Language☐ Fighting/physical aggression☐ Talking out of turn☐ Verbal defiance☐ Not following instructions☐ Technology violation☐ Tardy☐ Other  |

**STRATEGIES TRIED TO ADDRESS PROBLEM BEHAVIOR AND RESULTS**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Successful | Somewhat Successful | Not Successful |
| ☐ Tangible recognition for expected behavior |  |  |  |
| ☐ 4:1 positive verbal feedback |  |  |  |
| ☐ Retaught expected behavior |  |  |  |
| ☐ Multiple opportunities to practice expected behavior |  |  |  |
| ☐ Self-monitoring |  |  |  |
| ☐ Modified assignments |  |  |  |
| ☐ Change of schedule for activities |  |  |  |
| ☐ Extra assistance |  |  |  |
| ☐ Parent/Guardian contact |  |  |  |
| ☐ Other (Specify): |  |  |  |