

# S.E.A.L. Team



## SPECIAL EDUCATION BEHAVIOR TEAM REFERRAL FORM

The Special Education Behavior Team is a support service for students receiving special education services and/or students with a suspected disability who are in the process of being tested for eligibility. This form must be completed if you are requesting assistance with a student. It is the responsibility of the campus to contact the parent regarding the student's behavior and hold a parent conference informing the parent that the Behavior Team is needed to begin behavior interventions with the student. When the form is completed and signed by all parties, please submit to the Special Education Behavior Supervisor, Joe Williamson, (michael.williamson@ectorcountysd.org).

Student Name: \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_ School \_\_\_\_\_

Telephone \_\_\_\_\_ Referring Teacher \_\_\_\_\_

Current Grade \_\_\_\_\_ D.O.B. \_\_\_\_\_ Date of Referral \_\_\_\_\_

Date of Parent Conference regarding concerning behavior \_\_\_\_\_

\*\*Has MTSS (RTI) started on the above-mentioned student? \_\_\_\_ Yes \_\_\_\_ No

**\*\*If "yes" is marked, please provide 6 weeks documentation**

Does the above student have a Special Education referral? \_\_\_\_ Yes \_\_\_\_ No

### Behavior Checklist: (Major Behaviors)

\_\_\_\_ Destructive (destroying property)

\_\_\_\_ Fights; aggressive

\_\_\_\_ Spitting/Biting

\_\_\_\_ Throwing Furniture

\_\_\_\_ Hitting, Kicking

\_\_\_\_ Elopement (leaving

Classroom? Campus?)

(Minor Behaviors)

\_\_\_\_\_ Argumentative

\_\_\_\_\_ Defiant

\_\_\_\_\_ Inappropriate language (sexual and/or profanity)

\_\_\_\_\_ Grunting, moaning

\_\_\_\_\_ Sleeping

\_\_\_\_\_ Off-task

\_\_\_\_\_ Easily Distracted

\_\_\_\_\_ Yelling

\_\_\_\_\_ Anxious (fearful)

\_\_\_\_\_ Impulsive

Environmental Factors: (Has the student experienced this recently?)

\_\_\_\_\_ Successive relocations

\_\_\_\_\_ Recent break-up in family (divorce, separation, jail, etc.)

\_\_\_\_\_ Recent death in family

\_\_\_\_\_ Other

Briefly state the reason for referral:

Please list the strategies you have tried so far.

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

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Behavior Team Notes:

Date Received: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

Eligibility Area: \_\_\_\_\_ BIP: \_\_\_\_\_

Behavior Team Recommendation: