

# Brownsville Independent School District

## Special Services Behavior Specialist Request Form



<b>Campus Information:</b>			
Campus:	Contact Person:	Phone:	
Classroom Teacher:	Room #	Email:	Planning time:
ARD Teacher:	Room #	Email:	Planning time:

<b>Student Information</b>			
Student Name:	DOB:	LEP: Y or N	ID#
Grade:	Disability:	<b>Special Programs: (circle one)</b>	RTI tier 3    504    SE
Parent/guardian conference dates:			
Reg Ed. Counselor Conference/referral dates:			
Review 360 Inc/Dis referral dates:			
<b>Service Requested:</b> <input type="checkbox"/> Observation <input type="checkbox"/> FBA/BIP review/revision <input type="checkbox"/> Consultation <input type="checkbox"/> Staffing			

<input checked="" type="checkbox"/>	<b>Required Documentation: Please attach all items below.</b> All items are required to be submitted in the packet to avoid processing delays.
	Daily Schedule of Student
	Copies of Discipline Referrals/ Incident Reports
	Rtl Tier 2 Documentation/ Behavior Intervention Plan, copies of behavior charts/ logs, reinforcement strategies utilized
	Functional Behavioral Assessment Interview Forms ( <i>Questionnaire</i> )
	Current or drafted FBA/ BIP
<b>Note: Completed packets must be submitted at least 5 days prior to the scheduled ARD.</b>	

<b>Parental Consent Required</b>	
I, _____, grant consent to BISD Special Services to conduct an informal observation of my child. I acknowledge that the information obtained will be utilized to support my child's behavior in the educational setting.	
Parent Signature: _____	Date: _____
Campus Administrator Signature: _____	Date: _____
Completed Packet Submitted on ____/____/____ (Campus Use)	

<b>Please send the completed request and attachments to Special Services:</b>	
The forms may be scanned and emailed directly to the cluster Behavior Specialist.	
Or	
Faxed to Dora Garza (receptionist) at Fax # 547-4223 or Fax # 548-8446	
<b>Services will be addressed in the order that they are received by assigned campus Behavior Specialist.</b>	
DATE COMPLETED PACKET RECEIVED _____ (SPECIAL SERVICES USE)	