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 Director of Compliance & Special Services, Brandi Barton, (brandi.barton@ectorcountyisd.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

_____Inappropriate language (sexual and/or profanity)

_____Sleeping

_____Easily Distracted

_____Anxious (fearful)

_____Defiant

_____Grunting, moaning

_____Off-task

_____Yelling

_____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_____

Behavior Team Notes:

Date Received: _____ Date Reviewed: _____

Eligibility Area: _____ BIP: _____

Behavior Team Recommendation: