Behavior Consultation Referral Process

Students (General or Special Education) in behavior crisis could possibly:

- Enter school with a medical evaluation, such as severe autism.
- Display extreme, out-of-control behavior
- Become self injurious or attack others
- Have an obvious Special Education placement error

In a crisis situation, contact:

- Campus Administrator
- Kelly Poer-Secondary Special Education Supervisor @ 235-1019 ext. 12003
- SuzAnne Russell-Elementary Special Education Supervisor @ 235-1019 ext. 14005
- Cindy Moses-Director of Special Education @ 235-1019 ext. 14002

Non Crisis Response to Intervention (RTI) Process

Tier 1:

- Utilize Tier 1 behavior interventions from Tier 1 Intervention folder on staff website, Behavior RTI folder on launcher, Behavior Intervention Box, and other behavior resources
- Teacher documents student behavior using Behavior Documentation Form (B1) and Behavior Interventions and Strategies (B2)
- If successful, continue Tier 1 interventions
- If unsuccessful, begin Tier 2

Tier 2:

- Utilize Tier 2 interventions from Behavior RTI folder on launcher, Behavior Intervention Box, and other behavior resources
- Teacher continues to document on B1 and B2 forms
- If successful continue Tier 2 interventions
- If unsuccessful, campus behavior designee collaborates with Student Support Team (SST), parent, and teachers to complete the Request for Behavior Support Services (B3)
- Consent for Behavior Support Team Consultation signed by parent
- Complete, scan, and upload the following forms on DMAC and send a copy to Ed Center/SPED/Kelly Poer:
  o Behavior Documentation (B1)
  o Behavior Interventions and Strategies (B2)
  o Request for Behavior Support Services (B3)
  o Consent for Behavior Support Team (BST) Consultation
  o Any other pertinent data (Office Discipline Referrals, anecdotal notes, daily conduct sheets, attendance, etc.)
- Behavior consultation will be assigned to a Behavior Support Team member
- Members of the BST will meet and collaborate with campus staff to collect data and design a plan for implementing alternative Tier 2 interventions
- If successful, the student will continue with Tier 2 interventions
- If unsuccessful, the BST member will complete consultation summary, which could include a recommendation for a 504 or FIE to include a psychological evaluation
- Summary will be sent to SST and Campus Behavior Designee

Tier 3:

- Student Support Team or ARD Committee will determine if a recommendation for FIE or 504 evaluation is needed
- If recommended, psychological evaluation will be completed by LSSP
- If the student qualifies for Special Education, an ARD will be conducted to begin services. BST member will assist with recommendations
- If the student does not qualify (DNQ), BST member will collaborate with campus staff to design a plan for Tier 3 interventions, which could include a 504 evaluation and service plan
Behavior Documentation (B1)

Student: ______________________ DOB: __________ Date: __________ Teacher: _________________ Campus: ________________

Please list and describe one behavior per page. Use multiple pages if necessary.

<table>
<thead>
<tr>
<th><strong>Behavior of most concern:</strong></th>
<th>Describe the behavior that most concerns you. How often does this behavior occur? How long does the behavior last?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Antecedent:</strong></td>
<td>When and where is this behavior most and least likely to occur? Do you see anything specific that triggers the behavior?</td>
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<tr>
<td><strong>Consequences:</strong></td>
<td>How do you respond when the student engages in this behavior?</td>
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<tr>
<td><strong>Function of Behavior:</strong></td>
<td>Is the student trying to gain attention? Are they trying to avoid or obtain something?</td>
</tr>
<tr>
<td><strong>Alternative Behavior:</strong></td>
<td>What behavior do you want to see instead of the inappropriate behavior?</td>
</tr>
</tbody>
</table>

When is the best time(s) to observe the student? ____________________________________ Teacher Conference Time: _________
# Behavior Interventions and Strategies (B2)

<table>
<thead>
<tr>
<th>Interventions/Strategies:</th>
<th></th>
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<tbody>
<tr>
<td>These may be located in the Behavior RTI folder on the WFISD launcher, Behavior Intervention Box, SST suggestions, brainstorming, or staff development</td>
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</table>

<table>
<thead>
<tr>
<th>Target Behavior:</th>
<th></th>
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<tbody>
<tr>
<td>What behavior do you want to see change?</td>
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<table>
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<tr>
<th>Frequency/Duration:</th>
<th></th>
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<tbody>
<tr>
<td>How long have you tried the interventions? Best practice is 3-6 weeks. List start and stop dates.</td>
<td></td>
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<thead>
<tr>
<th>Progress:</th>
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<tr>
<td>What changes do you see in the behavior?</td>
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<tr>
<th>Regression:</th>
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<tr>
<td>If no progress, what alternatives have been considered?</td>
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</table>
Request for Behavior Support Services (B3)

Student: _____________________________
Campus: ___________________________

Grade: ___________ Date: ______________
DOB: ______ Teacher: _______________

_____ General Education _____ Speech ______ Special Education ______ 504

What is the reason of your referral?
________________________________________________________________________
________________________________________________________________________

Home Information
Please contact the parent(s) then, discuss and note the following information:

Parent name: ____________________________

Have there been any important changes in the family during the past year?
(Check all that apply) ___ Moves ___ Births ___ Deaths ___ Illnesses ___ Separations
___ Divorces ___ Job Changes ___ Other

What language is spoken in the home most of the time?
________________________________________________________________________

Is the parent experiencing any problems or concerns with the child at home?
________________________________________________________________________

Does the parent have any suggestions that can assist the school in helping the child?
________________________________________________________________________
________________________________________________________________________

What activities does the child participate in at home? (Check all that apply)
___ Watches television ___ Plays sports ___ Spends time on computer
___ Plays video games ___ Plays with others ___ Spends time alone
___ Reads books ___ Sleeps more than usual ___ Listens to music

What traits are frequently displayed by the child at home? (Check all that apply)
___ Is truthful ___ Gets along with sibling(s) ___ Has mood swings
___ Is cooperative ___ Follows adult requests ___ Argues
___ Is responsible ___ Throws temper tantrums ___ Doesn’t follow directions
___ Is respectful ___ Hits/kicks others ___ Withdrawn

What methods of discipline are used at home? (Check all that apply)
___ Rewards ___ Assigned responsibilities ___ Time out
___ Verbal praise ___ Early bedtime ___ Spanking
___ Special privileges ___ Removal of privileges ___ Extra chores
___ Grounding ___ Verbal warnings ___ Other

How does the child respond to discipline at home? (Check all that apply)
___ Becomes obedient ___ Throws tantrums ___ Refuses to obey
___ Withdraws ___ Cries ___ Throws or breaks things
___ Blames others ___ Hits/kicks ___ Other
School Information (Completed by staff who knows the student):

Choose 5 strengths and number them 1-5 with 1 being the greatest strength.

- Adventurous
- Athletic
- Bold
- Caring
- Clever
- Confident
- Creative
- Dedicated
- Determined
- Energetic
- Enthusiastic
- Faithful
- Fun-Loving
- Giving
- Hard Worker
- Humorous
- Independent
- Leader
- Likeable
- Nurturing
- Perceptive
- Quiet
- Resourceful
- Sensitive
- Survivalist
- Tolerant
- Unique
- Witty
- Other

Choose 5 behaviors and number them 1-5 with 1 being the behavior of most concern.

- Seeks attention
- Excessively stimulated
- Aggressive
- Angry
- Seeks control or power
- Lethargic
- Bored
- Revenge-Seeking
- Hyper-focused
- Avoidance
- High/Low Moods
- Indecisive
- Lack of self control
- Obsessive
- Easily gives up
- Impulsive
- Disorganized
- Rebellious
- Anxious
- Forgetful
- Restless
- Responds inappropriately
- Passive
- Disrespectful
- Talkative
- Avoids being social
- Tired
- Resistant to correction
- Blames others
- Easily influenced
- Perfectionist
- Constantly seeks approval
- Arrogant
- Nonconforming
- Blames self
- Uncooperative
- Avoids attention
- Apathetic
- Social outcast
- Other

Function(s) of Behavior

- Escape/Avoidance
  - Avoid demand
  - Get desired item/activity
  - Avoid an activity or task
  - Gain adult attention
  - Avoid a person
  - Gain peer attention
  - Escape the classroom setting
  - Get sent to a preferred adult
  - Escape school
  - Win power struggle
  - Other

SST Meeting Date: ________________

Participants:

________________________________________________________________________

Campus Administrator: ____________________________________________________

Please include this form along with Behavior Documentation (B1), Behavior Intervention and Strategies (B2), discipline referrals, attendance, and any other pertinent information.

Send to: Ed. Center/SPED Dept. /Kelly Poer
WICHITA FALLS INDEPENDENT SCHOOL DISTRICT
Consent for Behavior Support Team Consultation

<table>
<thead>
<tr>
<th>Student:</th>
<th>School:</th>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Date of Birth:</th>
<th>Grade:</th>
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<table>
<thead>
<tr>
<th>Parent(s) Name:</th>
<th>Telephone:</th>
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</table>

The undersigned, as the parent, guardian, or person standing in parental relationship with the above named student (or an adult student) requests and consents to behavior staff consultation for such student. I understand that this service may be provided by a Special Education Counselor or Behavior Interventionist. Behavior staff consultation may include any of the following techniques, as deemed appropriate by WFISD behavior staff: (a) observations within the school setting, (b) interviews with the parent(s) or other person(s) with whom the student resides, (c) interviews with teachers and others involved in the education of the student, (d) review of all educationally relevant records, and/or (e) classroom interventions which may include a behavior management plan, (f) counseling for school related problems. This consultation may result in recommendations for behavior intervention. At times this consultation may lead to referral to special education, for educational classification purposes, consistent with WFISD policies and procedures. When a formal referral to special education is requested, you will receive an additional layer of safeguards and this will not occur without additional parental consent. A written summary and recommendations may be provided to the parent and appropriate school personnel.

Education stakeholders with legitimate need for access to information received as a result of this consultation are expected to maintain the confidentiality of your student. Limits of this confidentiality are defined by the Texas Civil Code. This code demands that when an educator has a suspicion of child abuse or neglect or suspects the person is a danger to the self appropriate authorities must be notified.

Please respond with a (√), indicating “yes” or “no” beside the statements below. This consent is valid for the duration of the school year in which it is given unless revoked in writing by the undersigned or by the student if he/she attains the age of majority during its term and such revocation is delivered to the Director of Legal Services for WFISD.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
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<tbody>
<tr>
<td>I have been fully informed and understand the process for obtaining this behavior consultation and the reason it is being recommended for my child.</td>
<td></td>
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<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>I grant WFISD permission to provide the Behavior Support Team Consultation described above.</td>
<td></td>
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<thead>
<tr>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>I understand that consent for this Behavior Support Team is voluntary and may be revoked in writing at any time as described above.</td>
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</table>

It is my understanding that any information obtained or records developed in connection with these services will not be disclosed except as allowed by the Family Educational Records Privacy Act (FERPA).

Signature of Parent/Legal Guardian/Adult Student ____________________________ Date ____________________________

Signature of Campus-Based Referral Source ____________________________ Date ____________________________

BEHAVIOR SUPPORT SERVICES-08/12/2011