

Behavior Referral Form

Directions: Please complete and submit this behavior referral form to your schools counselor for discussion during the Tier 3 Team Meeting along with your completed behavior profile form.

Please refer the student immediately to the school counselor, if a student expresses verbally, in writing, or through behavior, the desire or intention to inflict serious or life-threatening injury to themselves or others.

Referring teacher: _____

Student Name: _____ Grade/Section: _____

SpED ELL DHS Juvenile Justice School Based- Mental Health Services (ie. STS, Outpatient, etc)

Description of the undesired (target) behavior:

Antecedent	What do you see happening right before the behavior?
Behavior	Using observable terms what does the behavior look like?
Consequent	What do you see happening right after the behavior?

Purpose/function of undesired (target) behavior (Rationale):

<input type="checkbox"/> Gain Attention - adults/peers	<input type="checkbox"/> Sensory - avoid or seek physical/internal stimulation
<input type="checkbox"/> Escape or Avoid - person, activity or setting	<input type="checkbox"/> Tangible - access to preferred item or activity

In addition to /undesired (target) behavior does the student have other concerns, (ie. academic, attendance, bullying,etc), please explain:

What differentiation strategies have you tried?	How has the student responded?

Additional Information (if known):

Has the child or family experienced any significant/traumatic events? Y N

Parental Contact and Participation: (Contact dates, calls, letters & conferences)

Attempt	Date of Contact	Method of Contact	Result of Contact	Who Made Contact
1st				
2nd				
3rd				