

**Staff Request for Assistance**

Student Name: _____ Age: _____ Grade: _____

IEP: Yes No 504 Plan: Yes No

Staff Completing: _____ Date: _____

Describe the problem behavior (What does it look like? Be specific/give examples):

Academic Information:

Do you believe that academic skills are impacting the problem behavior? Yes No Unsure

Grades:

Reading: _____ Language Arts: _____ Math: _____

Internalized Behavior Concerns

Check all that apply:

 Emotionally flat Shy Withdrawn Anxious Sad/depressed often Lonely Difficulty making friends Hurts self

Other: _____

Externalized Behavior Concerns

Check all that apply:

 Frequently absent/tardy Contraband use/possession Disruptive Non-cooperative Lying/cheating Tantrums Bullying Aggressive towards others Steals



Problem Behavior Occurrence

When, where, and with whom are problem behaviors most likely?

Schedule (Times)	Activity	Specific Problem Behavior	Likelihood of Problem Behavior (circle one)	With Whom does Problem Occur
			Sometimes Often Almost Always	
			Sometimes Often Almost Always	
			Sometimes Often Almost Always	
			Sometimes Often Almost Always	
			Sometimes Often Almost Always	
			Sometimes Often Almost Always	

Possible Function of the Problem Behavior

___ Obtain Adult Attention

___ Escape/Avoid Adult Attention

___ Obtain Peer Attention

___ Escape/Avoid Peer Attention

___ Obtain Tangible/Activity

___ Escape/Avoid Tangible/Activity

___ Obtain Stimulation/Sensory

___ Escape/Avoid Stimulation/Sensory

___ Escape/Avoid Academics

Evidence supporting possible function:

**Strategies You Have Tried to Address Problem Behavior**

Check all that apply:

- | | |
|--|--|
| <input type="checkbox"/> Established positive relationship with student | <input type="checkbox"/> Self-monitoring |
| <input type="checkbox"/> Pre-correction and redirection | <input type="checkbox"/> Modified assignments |
| <input type="checkbox"/> Tangible recognition for expected behavior/
Reward program | <input type="checkbox"/> Change of schedule for activities |
| <input type="checkbox"/> 4:1 positive verbal feedback | <input type="checkbox"/> Provided extra assistance |
| <input type="checkbox"/> Retought expected behavior | <input type="checkbox"/> Parent/Guardian contact |
| <input type="checkbox"/> Role played/practiced expected behavior | <input type="checkbox"/> Counseled about behavior |
| <input type="checkbox"/> Systematic feedback about behavior | <input type="checkbox"/> Behavior Contract |
| <input type="checkbox"/> Other (Specify) _____ | |

How has the student responded to the above checked strategies?

Other Information

What are the student's strengths, talents, and specific interests?

What other information you think is important to know about this student?

Mentor recommendations (certified or classified staff):

Date Received: _____ Date Responded: _____