# Referral to Tier 3 Form

| Student Name: | | Date Initiated: |
|---|---|---|
| DOB: | Grade: | Date Submitted to School Based Team: |
| School: | | |
| Person(s) Completing Form: | | |

| Student's Strengths: |
|---|
| 1. |
| 2. |
| 3. |
| 4. |
| 5. |

| Student History: | | | *If YES, answer the following:* |
|---|---|---|---|
| Has attendance been a problem? | NO | YES | Absences ___________ Tardies _______ |
| Past Retention? | NO | YES | What grade(s)? |
| Past Evaluation(s)? | NO | YES | When? |
| Special Education? | NO | YES | Ruling & Date? |
| 504 Accommodation Plan? | NO | YES | Disability? |
| Other Services?(list here) | NO | YES | # of times seen per week ________ and<br>for how many minutes? _______ minutes |

| Behavioral Concern: (What exactly does the problem look like?) |
|---|
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| Chose one option from each column below to describe the average occurrence of problem behavior: | | | |
|---|---|---|---|
| How long has the behavior been present? | Frequency *(how often)?* | Duration *(how long)?* | Intensity *(how severe)?* |
| ☐ Less than 1 month | ☐ ______ x per Hour | ☐ Few Seconds | ☐ Low |
| ☐ 1-2 months | ☐ ______ x per Day | ☐ Few Minutes | ☐ Medium |
| ☐ 3-6 months | ☐ ______ x per Week | ☐ 15-20 minutes | ☐ High |
| ☐ More than 6 months | ☐ ______ x per Month | ☐ › 30 minutes | ☐ Very High |

| Where does the problem occur? (*Check all that apply*) | | |
|---|---|---|
| ☐ Classroom | ☐ Bus loading zone | ☐ Special Event/field trip |
| ☐ Playground | ☐ Off-Campus | ☐ Locker room |
| ☐ Hall/Breeze way | ☐ Parking lot | ☐ Library |
| ☐ Cafeteria | ☐ Bus | ☐ Unknown location |
| ☐ Bathroom | ☐ Office | ☐ Other location |

| Are there any events or conditions that immediately precede the problem? (check all that apply) | |
|---|---|
| ☐ Demand or request to student | ☐ Consequences/Reprimand imposed |
| ☐ Non-preferred/difficult task | ☐ Preferred activity/item interrupted or terminated |
| ☐ Non-preferred social interaction | ☐ Denied access to a preferred item or activity (Told"no") |
| ☐ Transitional times | ☐ Touch/Physical contact with the student |
| ☐ Attention is given to others | ☐ Loud or disruptive environment |
| ☐ Unstructured times/ "down time" | ☐ Loss of privilege |
| ☐ Changes in schedule or routine | ☐ Other: |
| ☐ Comments or teasing from other students (provocation from peers) | |

| Why do you think these problems occur? (Check all that apply) | |
|---|---|
| ☐ Peer attention | ☐ Adult attention |
| ☐ Obtain items/activities | ☐ Avoid task/activities |
| ☐ Obtain items/activities | ☐ Avoid peers |
| ☐ Escape a setting/situation | ☐ Avoid adults |
| ☐ Gain control over a situation | ☐ Unknown Motivation |
| ☐ Other: ______________________________________________ | |

| What strategies have been tried or are currently in place? What was the outcome of each? | |
|---|---|
| Strategies Attempted | Result/Outcome of Strategies Attempted |
| 1 | 1 |
| 2 | 2 |
| 3 | 3 |
| 4 | 4 |

| Have you personally taught the school-wide expectations to this student? Yes No |
|---|
| Has this student ever been rewarded for displaying those expectations? Yes No |
| If yes, explain: |
| |

| Is the student currently receiving services from an outside agency? (Connections, Pinebelt Mental Healthcare Services, South Central Behavioral Health, etc.) Yes No |
|---|
| If yes, explain: |
| |
| |

| What medications, if any, is the student currently prescribed? | | | |
|---|---|---|---|
| Name of Medication | Dosage/Time of day given | Reason Medication is prescribed | Prescribing Physician |
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| **Any other information that might be helpful/useful:** | | | |
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Please attach your Classroom Management System & Behavioral Expectations:

____________________________________
Signature of Person Referring Student

*IMPORTANT - Attach at least 2 weeks of baseline data before submitting to Behavior Specialist.*