**SWISHER-BRISCOE SSA**

**REFERRAL FOR BEHAVIOR INTERVENTION SPECIALIST**

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| Student’s Name |  | Date |  |
| Campus |  | DOB |  |
| Teachers |  | Grade/Sex | / |

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| ATTACHED DOCUMENTATION TO BE REVIEWED (IF APPLICABLE): |
|  | Teacher input |
|  | Student Support Team/Staffing input |
|  | Documentation from classroom teacher(s) |
|  | Copies of office referrals |

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| SERVICES NEEDED (Check all that apply) |
|  | Observe student behavior |
|  | Work with teacher to give suggested interventions and implementation tips |
|  | Refer student for possible special education eligibility based on behavior needs |
|  | Begin a Functional Behavior Assessment (FBA) |
|  | Write a Behavior Intervention Plan (BIP) |

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| ADDITIONAL INFORMATION: |

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| REFERRED BY: |

Principal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

08/15/2014 DM