

## Tier II Student Behavior Referral Form

*\*\*Turn in to Eric Ouren\*\**

Student Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ IEP: Yes or No

Teacher Completing \_\_\_\_\_ Date \_\_\_\_\_

### WHAT IS THE PROBLEM BEHAVIOR?

- Out of seat/assigned area
- Talking out of turn
- Tardy
- Inappropriate language
- Verbal defiance
- Withdrawn
- Fighting/physical aggression
- Not following instructions
- Technology violation
- Other \_\_\_\_\_

### FUNCTION OF BEHAVIOR?

- Avoidance/ Escape: \_\_\_\_\_
- Attention Seeking: \_\_\_\_\_
- Skill Deficit: \_\_\_\_\_
- Other: \_\_\_\_\_

Do you believe that academic skills, including task completion, are impacting the problem behavior?

- Yes
- No
- Unsure

### Strategies Attempted:

#### Environmental Arrangements

<input type="checkbox"/> Ignore behavior	<input type="checkbox"/> Provide extra support	<input type="checkbox"/> Breaks
<input type="checkbox"/> 4:1 positive	<input type="checkbox"/> Modified assignments	<input type="checkbox"/> Self-management program
<input type="checkbox"/> Preferential seating	<input type="checkbox"/> Pre-teach expectations	<input type="checkbox"/> Apology/Self-Reflection
<input type="checkbox"/> Pre-correction	<input type="checkbox"/> Clarify rules	<input type="checkbox"/> Other(s): _____
<input type="checkbox"/> Proximity	<input type="checkbox"/> Practice expected behaviors	
<input type="checkbox"/> Prompts/signals	<input type="checkbox"/> Reinforcing around targeted students	
<input type="checkbox"/> Class discussion		

#### Positive Rewards

<input type="checkbox"/> PBIS Reward Points How many _____
<input type="checkbox"/> Systemic feedback about behavior
<input type="checkbox"/> 4:1 positives
<input type="checkbox"/> Other(s): _____

#### Consequences

<input type="checkbox"/> Reprimands	<input type="checkbox"/> Individual meeting with student
<input type="checkbox"/> Removal of privileges	<input type="checkbox"/> Contact parent: How many _____
<input type="checkbox"/> Meeting with counselor	<input type="checkbox"/> Meeting with parents: How many _____
<input type="checkbox"/> Owed time (after class discussions/ take away recess)	<input type="checkbox"/> Office referrals _____
<input type="checkbox"/> Classroom breaks (hallway or office)	<input type="checkbox"/> Other(s): _____

\*\*\* Tier II Team Use Only\*\*\*

### ACADEMIC INFORMATION

Overall G.P.A. \_\_\_\_\_  
Reading Grade \_\_\_\_\_  
Written Language Grade \_\_\_\_\_  
Math Grade \_\_\_\_\_

### BEHAVIOR INFORMATION

Unexcused absences \_\_\_\_\_  
Number of Office Discipline Referrals \_\_\_\_\_