

## Referral to Behavior Analyst

Date: \_\_\_\_\_

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Student's Name: \_\_\_\_\_ School: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_ Case Manager: \_\_\_\_\_

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Please be as detailed as possible when answering the following questions. Attach additional pages if necessary.

1. Describe the behavior(s) of concern (describe what the behavior looks like):

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2. How often does the behavior occur? (every day, once per week, 5 times per day, etc)

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3. How long does the behavior last?

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4. What is happening when the behavior occurs? Describe what is happening according to on-going activities and people present. Were demands presented? Was teacher attention divided? etc. Be specific.

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5. When is the behavior most likely to occur (time of day, during a particular subject, etc)?

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6. Where is the behavior most likely to occur?

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7. With whom are the behaviors most likely to occur?

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8. What activities are most likely to produce the behaviors?

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9. How can you tell the behavior is about to occur?

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10. What usually happens after the behavior? Describe what is happening according to adult(s), peer(s), and the student's responses.

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11. What is likely the function (intent) of the behavior? Why do you think the student behaves this way? What does the student get or avoid from behaving this way?

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12. What strategies have been used with this student?

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13. What are the student's interests? What does the student like to do? (e.g. computer time, listening to music, reading, drawing, helping, etc)

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14. What are the student's strengths?

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15. Has the student worked with the guidance counselor? \_\_\_yes \_\_\_no

➤ If yes, please briefly describe how often and what strategies have been used:

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16. Does the student receive outside counseling? \_\_\_yes \_\_\_no

➤ If yes, please list the agency/counselor:

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\_\_\_\_\_  
\_\_\_\_\_

17. Number of conferences with parents to discuss behavior: \_\_\_\_\_

Please list any other information that would be beneficial to know about the student:

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**Signatures**

Parent \_\_\_\_\_

Teacher \_\_\_\_\_

Case Manager \_\_\_\_\_

Administrator \_\_\_\_\_

Student (as appropriate) \_\_\_\_\_

Other \_\_\_\_\_

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**Office Use Only**

\_\_\_\_\_ **Approved**

\_\_\_\_\_ **Not Approved**

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\_\_\_\_\_  
**Administrator**

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**Behavior Analyst**