Lane Education Service District
Special Education
1200 Highway 99N
Eugene, OR 97402-0374
541-461-8200 • 541-461-8399 (Special Education Fax)

BEHAVIOR CONSULTATION REFERRAL

Date:____________________________________ Teacher:__________________________

Student:_________________________________ School:___________________________

DOB:____________________________________ Phone:____________________________

Autism Specialist (if applicable):____

Communication Specialist (if applicable):____

Parents:_________________________________ Phone:____________________________

Have parents been informed of this referral?____

Description of problem behavior(s):____
____
____

Is/are the problem behavior(s) addressed on the IEP?________________ *(if yes, please attach a copy to this referral).*

Brief summary of goal/objectives that target problem behavior(s):__________________________
____
____

Has a functional assessment (including a functional communication assessment) been conducted?
_____________________ *(if yes, please attach any assessment information to this referral).*

Has a behavior support plan been developed to address the above goal/objective?_____________
(if yes, please attach a copy to this referral).

What strategies have been or are currently being tried to reduce problem behavior and to build appropriate behavior?____
____
____

Consultation needs:

- ☐ Functional behavior assessment
- ☐ Instructional Delivery
- ☐ Development of behavior support plan
- ☐ Crisis intervention
- ☐ Curriculum/materials
- ☐ Revision of existing behavior support plan
- ☐ Training in implementation of behavior support plan
- ☐ Other

• RETURN THIS FORM TO YOUR PROGRAM SUPERVISOR •