

DATA / BIT TEAM

Request for Assistance

Requesting Assistance From:

- | | | |
|-----------------------------------|--|--|
| <input type="checkbox"/> Speech | <input type="checkbox"/> ELL | <input type="checkbox"/> P.P.S. Staff |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Psychologist | <input type="checkbox"/> Data Facilitators |
| <input type="checkbox"/> Title | <input type="checkbox"/> Social Worker | <input type="checkbox"/> Other |
| <input type="checkbox"/> Resource | <input type="checkbox"/> Counselor | |

Date _____ Teacher/Team _____

Student Name _____ Grade/Section _____

Special Services:

<input type="checkbox"/> None <input type="checkbox"/> IEP <input type="checkbox"/> 504 Plan	<input type="checkbox"/> English Language Learner <input type="checkbox"/> Speech/Language	<input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physical <input type="checkbox"/> Adaptive P.E.
--	---	--

Medical Issues: Does the student take medication regularly? _____ At school? _____

Attendance: Number of absences current year _____ Previous year _____

Previous years report card summary: _____

Current levels of performance (current grades, grade levels):

Reading _____	Spelling _____
Math _____	Writing _____

Student Profile: Please identify at least three strengths or contributions the student brings to school (behavior/social and/or academic) _____

Academic Concerns:

<input type="checkbox"/> Reading <input type="checkbox"/> Writing <input type="checkbox"/> Math	<input type="checkbox"/> Organization <input type="checkbox"/> Task Completion <input type="checkbox"/> Fine Motor	<input type="checkbox"/> Following Directions <input type="checkbox"/> Language <input type="checkbox"/> Other
---	--	--

Specifically, with what type of task does the student have difficulty?

Identify Problem Behavior(s):

<input type="checkbox"/> Tardy	<input type="checkbox"/> Fighting/Aggression	<input type="checkbox"/> Disruptive
<input type="checkbox"/> Unresponsive	<input type="checkbox"/> Inappropriate Language	<input type="checkbox"/> Insubordination
<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Verbally Inappropriate	<input type="checkbox"/> Work not Done
<input type="checkbox"/> Theft	<input type="checkbox"/> Verbal Harassment	<input type="checkbox"/> Self-Injury
	<input type="checkbox"/> Vandalism	<input type="checkbox"/> Off-Task
Describe the problem behavior (what does it look like?):		

What have you tried to date to change the situations in which the problem behavior(s) occur?

<input type="checkbox"/> Modified assignments to match the student's skills	<input type="checkbox"/> Changed seating assignments	<input type="checkbox"/> Changed schedule of activities	<input type="checkbox"/> Other?
<input type="checkbox"/> Arranged tutoring to improve the student's academic skills	<input type="checkbox"/> Changed curriculum	<input type="checkbox"/> Provided extra assistance	

What have you tried to date to teach expected behaviors?

<input type="checkbox"/> Reminders about expected behavior when problem behavior is likely	<input type="checkbox"/> Clarified rules and expected behavior for the whole class	<input type="checkbox"/> Practiced the expected behaviors in class
<input type="checkbox"/> Reward program for expected behavior	<input type="checkbox"/> Oral agreement with the student	<input type="checkbox"/> Self-monitoring program
<input type="checkbox"/> Systematic feedback about behavior	<input type="checkbox"/> Individual written contract with the student	<input type="checkbox"/> Contract with student and parents
Other?		

List three (3) academic interventions already/currently being used:

What consequences have you tried to date for the problem behavior?

<input type="checkbox"/> Loss of privileges	<input type="checkbox"/> Note or phone call to the student's parents	<input type="checkbox"/> Office referral
<input type="checkbox"/> Time-out	<input type="checkbox"/> Detention	<input type="checkbox"/> Reprimand
<input type="checkbox"/> Referral to social worker	<input type="checkbox"/> Meeting with the student's parents	<input type="checkbox"/> Individual meeting with the student
Other?		

Identify Problem Routines: Where, When, and With Whom Problem Behaviors are Most Likely:

Schedule (Times)	Activity	Likelihood of Problem Behavior	Specific Problem Behavior
		Low 1 2 3 4 5 High 6	
		Low 1 2 3 4 5 High 6	
		Low 1 2 3 4 5 High 6	
		Low 1 2 3 4 5 High 6	
		Low 1 2 3 4 5 High 6	
		Low 1 2 3 4 5 High 6	
		Low 1 2 3 4 5 High 6	
		Low 1 2 3 4 5 High 6	
		Low 1 2 3 4 5 High 6	
		Low 1 2 3 4 5 High 6	

What do you think the student is getting OR getting away from by engaging in these behaviors (e.g., gain attention, gain assistance, avoid work, etc)?

What information are you hoping to learn from this observation/contact?
