|  |  |
| --- | --- |
|   | Licking Regional ESC Behavioral Referral Form |

## Referral Guidelines

1. Fill out the information below and return to Rachel Gerber, LRESC Related Service Supervisor, at rgerber@laca.org
2. Please attach behavior data that has been taken a minimum of five days.
3. You will receive acknowledgement upon receipt of referral.

## Student Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  Student Name |  |  | Date of Referral  |  |
|  Parent Name |  |  |  District/School |  |
|  Parent Phone |  |  |  Grade |  |
| Student date of birth  |  |  |  Teacher |  |
|  District Contact |  |  |  Teacher email  |  |

## Requested Service

* Short-term Observation & Strategies- Behavior personal will observe up to 3 times and then provide written feedback and suggestions (General Interventions within 30 days of receiving referral)
* Ongoing Consultation- Behavior personal will provide ongoing observations with recommended strategies and interventions for an indefinite amount of time
* Functional Behavior Assessment (FBA)- BCBA will complete within 60 days of signed parent consent (must be attached) \*FBA requires parental consent, behavioral data (minimum of 2 weeks), behavioral observation from BCBA, parent/teacher interviews & questionnaires and a formal write up
* Behavioral Intervention Plan (BIP)- Must have FBA in place and parental consent attached, BCBA will complete within 60 days

## Additional Information

**Behavior of concern** (check all that apply):

* + Aggression
	+ Running away
	+ Refusal
	+ Verbal outbursts/inappropriate interaction
	+ Self-Injury
	+ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Frequency of the Behavior of Concern:**

* + Hourly
	+ Daily
	+ Weekly
	+ Monthly

**Intensity of the Behavior of Concern on a scale of 1-10**:

(no risk of danger) 1 2 3 4 5 6 7 8 9 10 (high risk of danger/legal sanction)

**Day(s)/Time(s) when problem behavior most likely to occur**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional information** (diagnosis, medications, etc): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Attach Behavior data for a minimum of five days** (“*Antecedent, Behavior, Consequence Data Chart*”). For a template please let Rachel know or one can be found on the ESC Related Service webpage. (“*Antecedent, Behavior, Consequence Data Chart*”)