|  |  |  |  |
| --- | --- | --- | --- |
| Campus Information: | | | |
| Campus: | Contact Person: | | Phone: |
| Classroom Teacher: | Room # | Email: | Planning time: |
| ARD Teacher: | Room # | Email: | Planning time: |

|  |  |  |  |
| --- | --- | --- | --- |
| Student Information | | | |
| Student Name: | DOB: | LEP:  Y or N | ID# |
| Grade: | Disability: | **Special Programs: (circle one)** RTI tier 3 504 SE | |
| Parent/guardian conference dates: | | | |
| Reg Ed. Counselor Conference/referral dates: | | | |
| Review 360 Inc/Dis referral dates: | | | |
| **Service Requested:**  Observation  FBA/BIP review/revision  Consultation  Staffing | | | |

|  |  |
| --- | --- |
| [http://tse1.mm.bing.net/th?&id=JN.EB2e4SO5LeZbYB2OWX6wQw&w=300&h=300&c=0&pid=1.9&rs=0&p=0](http://www.bing.com/images/search?q=check+mark&view=detailv2&&id=73E923F2AA4416ACC63B968ABA470780AF21EBB6&selectedIndex=3&ccid=goinfGyZ&simid=608023131948190594&thid=JN.EB2e4SO5LeZbYB2OWX6wQw) | **Required Documentation: Please attach all items below.**  **All items are required to be submitted in the packet to avoid processing delays.** |
|  | Daily Schedule of Student |
|  | Copies of Discipline Referrals/ Incident Reports |
|  | RtI Tier 2 Documentation/ Review 360  Behavior Intervention Plan, copies of behavior charts/ logs, reinforcement strategies utilized |
|  | Functional Behavioral Assessment Interview Forms *(Questionnaire)* |
|  | Current or drafted FBA/ BIP |
| Note: Completed packets must be submitted at least 5 days prior to the scheduled ARD. | |

|  |
| --- |
| **Parental Consent Required**  I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, grant consent to BISD Special Services to conduct an informal observation of my child. I acknowledge that the information obtained will be utilized to support my child’s behavior in the educational setting.  Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Campus Administrator Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Completed Packet Submitted on \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ (Campus Use) |

**Please send the completed request and attachments to Special Services:**

The forms may be scanned and emailed directly to the cluster Behavior Specialist.

Or

Faxed to Dora Garza (receptionist) at Fax # 547-4223 or Fax # 548-8446

\*Services will be addressed in the order that they are received by assigned campus Behavior Specialist.

DATE COMPLETED PACKET RECEIVED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(SPECIAL SERVICES USE)