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

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| 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 |

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| http://tse1.mm.bing.net/th?&id=JN.EB2e4SO5LeZbYB2OWX6wQw&w=300&h=300&c=0&pid=1.9&rs=0&p=0 | **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.  |

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| **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)