|  |  |  |  |
| --- | --- | --- | --- |
| +Name of Student |  | School | Section 1 |
| Student DOB |  | Student ID Number |  |
| Referring Staff |  | Teacher(s)/Grade Level/Track |  |
| \*\*Primary Language/CELDT Level |  | Primary EthnicityGender  | □ M □ F |
| IEP | \*\*\*Yes No | 504 Plan | Yes No |
| Foster Youth | \*\*\*\*Yes No | Homeless/Unaccompanied Youth | Yes No |
| Date |  | Counselor |  |

\*\*Is interpreter needed Y N \*\* \*Notify IEP case manager & program specialist \*\*\*\*Notify Foster Youth Office

|  |
| --- |
| **Presenting Concern(s)**Section 2**What is your primary concern(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Student Strengths: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |
| **( Please limit to three areas of focus)** |
| * Aggression/fighting
* Alcohol or substance use/abuse
* Anxious/worried
* Chronic Absenteeism/tardy
* Disrespect
* Disruptive
* Dishonesty
* Eloping (leaving area without permission)
* Other:
 | * Health concerns/complaints of sickness, health or pain
* Inappropriate language
* Non-compliant
* Peer conflict
* Sadness/unhappy
* Self-harm
* Social skills
* Theft
* Withdrawn
* Other:
 | * Reading
* Math
* Spelling
* Writing
* Study skills
* Organization
* Low work completion
* Inattention
* Low participation
* Other:

Section 3 |

|  |
| --- |
| Location & Time of Behavior  |

\_\_\_ Classroom \_\_\_ Cafeteria \_\_\_ Hallway \_\_\_ Playground

\_\_\_ Bathroom \_\_\_ Gym \_\_\_ Passing Period \_\_\_ Library

\_\_\_Computer Room \_\_\_ Bus \_\_\_ Lining Up \_\_\_ Locker Room

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time and Frequency of Behavior \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Check the strategies that you have implemented consistently during this current school year for a minimum of four weeks:** |
| **General Review** | **Prevention Strategies Attempted** | **Behavior Expectations Taught** | **Response Strategies Attempted**Section 4 |
| * PBIS Expectations clearly posted, reinforced, & practiced
* PBIS acknowledgement system in place
* Review cumulative file
* Talk with previous/other teacher(s)
* Seek colleague help
* Community referral
* EGUSD Student Support Center referral
* Involve PBIS Coach
* Other:
 | * Adjust assignments
* Arrange tutoring
* Behavior Plan
* Change seating
* Check-in Check-out
* Contact with family
* Encourage work breaks
* Peer mentoring
* Provide quiet space
* Admin/counselor/

teacher conference * Student Study/Support Team
* Parent Teacher Conference/Contact
* Home visit
* Change routines or schedule
* Other:
 | * Reminders of behavior expectations
* Prompt before transitions
* Clarify rules and expected behavior for whole class
* Practice expected behaviors in class
* Contract with student
* Targeted social skills training
* Other:
 | * Increase incentives for expected behavior
* Phone call to parents
* Buddy room
* Office referral
* Detention
* Loss of privileges
* Meeting with parents
* Student-teacher discussion (1:1)
* Self-reflection activity (think sheet)
* OCS/OCI
* Suspension
* Expulsion
* Other:
 |

**This side is to be completed by referring staff member and submitted to site administration.**

**Site Intervention Team – Action Plan**

Section 5

|  |  |
| --- | --- |
| Team Information: |  |

 Team Meeting Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Members:

□ Administrator(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Classroom Teacher(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ School Psychologist \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ School Counselor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ MHT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ PBIS Coach \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Behaviorist \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Case Manager \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Program Specialist \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**□ Crisis - Immediate Expedited Support**

School-Wide and Classroom PBIS Essential Elements

Section 6

**N** – Not in place  **P** – Partially in Place  **F** – Fully in place

|  |  |  |  |
| --- | --- | --- | --- |
|  | N | P | F |
| Posted rules align with schoolwide expectations (i.e. Be Safe, Be Respectful, Be Responsible) |  |  |  |
| Rules are observable, measurable, and positively stated |  |  |  |
| Rules are prominently posted in classroom |  |  |  |
| 5 or fewer expectations for each schoolwide expectation |  |  |  |
| Evidence of positive acknowledgement system |  |  |  |
| Evidence of behavior management (i.e. respectful redirection) |  |  |  |

Section7

|  |  |
| --- | --- |
| Area of Need(s) |  |

□ Enhanced PBIS Support (□ Classroom □ School-wide) □ Academic Support

 □ Coping Skills □ Emotional Support

 □ Improve Attendance □ Family Support Plan

 □ Replacement Behavior □ Health Plan

 □ Social Skills □ Other/Notes:

|  |
| --- |
| Needed Intervention Plan(s) |

□ Check-in/Check-out (CICO) □ SST □ Parent Teacher Conference □ Consultation with Family □ BIP/BSP □ Safety Plan□ Site Referral

□ Community Referral □ Social Skills Group □ Counseling

□ Other:

|  |  |
| --- | --- |
| Team Determination of Additional Support(s) |  |

Site Support: □ MHT (elementary) □ Psychologist □ Counselor □ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

District Support: □ Behaviorist □ Program Specialist □ MHT (secondary) □ Family Support Plan

 □ EGUSD Student Support Center □ Community Support □ ACCESS □ Private Provider □ Health Plan □ Other Supports

Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Section 8

|  |  |
| --- | --- |
| Follow Up |  |

Date of follow up meeting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Progress:

 □ Concern addressed □ Limited progress/continued need □ No progress

□ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Action plan: □ Discontinue □ Continue □ Update

□ Referral: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Follow up meeting notes:

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

**Completed form is to be submitted to your PBIS Coach.**

**Thank you.**