

New Boston Local School District

Intervention Assistance Team

Social, Emotional, and Behavioral Concerns Referral Form

The Behavior IAT is a multi-disciplinary school level team which provides support for teachers and parents when a student is experiencing social, emotional, or behavioral problems in the classroom. The team's purpose is to collaborate, consult, problem-solve, and develop a plan of action to assist the student. The team will utilize positive behavior supports to shape challenging behavior, conduct functional behavioral assessments and develop behavior plans when necessary.

Student Name: _____ Date of Birth: _____

Referred By: _____ Date Submitted: _____

Current Services: (i.e. Special Education, 504 plan, Outside Counseling)

REFERRAL CONCERN(S) (CHECK ALL THAT APPLY):

- | | | |
|-----------------------------------------------|------------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> academic performance | <input type="checkbox"/> medical problems | <input type="checkbox"/> self-esteem |
| <input type="checkbox"/> attendance/tardiness | <input type="checkbox"/> speech/language | <input type="checkbox"/> social skills |
| <input type="checkbox"/> homework | <input type="checkbox"/> study/organizational skills | <input type="checkbox"/> conduct problems |
| <input type="checkbox"/> disruptive behavior | <input type="checkbox"/> attention/distractibility | <input type="checkbox"/> depression |
| <input type="checkbox"/> non-compliance | <input type="checkbox"/> distracts others | <input type="checkbox"/> aggression |
| <input type="checkbox"/> other _____ | | |

I. DESCRIBE THE STUDENT'S STRENGTHS:

II. DESCRIBE THE SPECIFIC REASON(S) FOR REFERRAL:

a. Describe the frequency, intensity, and duration of the problematic behavior:

b. When is the behavior least likely and most likely to occur?

c. Why do you believe the behavior is occurring?

i. What's maintaining and/or reinforcing the behavior?

III. DESCRIBE ALL INTERVENTIONS AND SUPPORTS ATTEMPTED

a. What works and what doesn't work?

IV. DESCRIBE ANY DISCIPLINARY ACTIONS TAKEN AGAINST THE STUDENT:

V. DESCRIBE COLLABORATIVE EFFORTS (PARENT CONTACT, TEAM MEETINGS, STUDENT CONFERENCING)

VI. DESCRIBE YOUR DESIRED OUTCOMES OF THIS PROCESS: What would you like to see the student do differently? What are your short-term and long-term goals for him/her?

Please also include documentation of abc charts, behavior observation tracking, and any relevant academic data.

Questions or concerns? Please contact Mariah Bailey: mariah.bailey@scoesc.org or (740)-354-0269