



Lane Education Service District
 Special Education
 1200 Highway 99N
 Eugene, OR 97402-0374
 541-461-8200 • 541-461-8399 (Special Education Fax)

BEHAVIOR CONSULTATION REFERRAL

Date: _____ Teacher: _____

Student: _____ School: _____

DOB: _____ Phone: _____

Autism Specialist (if applicable): _____

Communication Specialist (if applicable): _____

Parents: _____ Phone: _____

Have parents been informed of this referral? _____

Description of problem behavior(s): _____

Is/are the problem behavior(s) addressed on the IEP? _____ (if yes, please attach a copy to this referral).

Brief summary of goal/objectives that target problem behavior(s): _____

Has a functional assessment (including a functional communication assessment) been conducted?

_____ (if yes, please attach any assessment information to this referral).

Has a behavior support plan been developed to address the above goal/objective? _____

(if yes, please attach a copy to this referral).

What strategies have been or are currently being tried to reduce problem behavior? _____

Consultation needs:

- Functional behavior assessment
- Instructional Delivery
- Development of behavior support plan
- Crisis intervention

- Curriculum/materials
- Revision of existing behavior support plan
- Training in implementation of behavior support plan
- Other

.... RETURN THIS FORM TO YOUR PROGRAM SUPERVISOR