

Tier II Behavior Intervention Referral Form

Student's Name: _____
Grade: _____
School: _____

Date: _____
Teacher's Name: _____
Date of ODR (if any): _____

Reason for Referral: _____

Target Behavior: _____

(Inappropriate behavior, defined behaviorally)

Replacement Behavior: _____

(What is expected of the student?)

Baseline Data:

(Average of occurrence of problem behavior over the last 3 days)

Occurred _____ Times a day hour

Intervention (Preventive Strategies) - If possible, give number of times or dates.

(Strategies used to correct behavior prior to filling out this form)

Prevention Procedures Documented:

____ Clear, concise directions

____ Frequent reminders/prompts

____ Teacher/staff proximity

____ Redirect/ speak to student about concerns privately

____ Provide cooling off period /safe place in room

____ Praise/recognition of appropriate behavior

____ Review rules & expectations/ specifically define limits

____ Preferential seating

____ Provide highly structured setting

____ Communicate regularly with parents

____ Provide dates of communication with parents:

_____ ; _____ ; _____ ; _____ ; _____

____ other (Explain) _____

Date referral is submitted to SWPBIS Team/Behavior Interventionist: _____

Referring Teacher's Signature: _____

SWPBIS Team Member's/Behavior Interventionist's Signature: _____

I have verified that the above Tier I strategies have been implemented.

Administrator Signature: _____