

SOCIAL/EMOTIONAL CONSULTATION REQUEST

FORM #401 CONSENT required for Social/Emotional Consult. Date of Parent Consent: _____

DATE: _____ PROGRAM: _____ PERSON MAKING REQUEST: _____

CHILD: _____ DOB: _____

Does a parent or guardian share in these concerns? _____

REQUESTING CHILD SPECIFIC:

- Support Plan (for unsafe behaviors)**
 - *Please complete 2 weeks of behavior tracking (only needed for a Support Plan)*
- Social / Emotional recommendations (without needing a Support Plan)**
- Family support**
- Other:** _____

MEDICAL/HEALTH CONCERNS (including medications) : _____

What is life like for this child outside of school? (who do they live with, what do they like doing, what is their home environment like): _____

Does the child have an IEP/IFSP: _____ If "YES", for what _____

Does the child receive any support services outside of school (If "YES", please list: _____

Description of the Distressed and/or Unsafe Behavior(s) (focus on 1-3 behaviors)	Intensity, frequency, and duration of behavior
	Possible Activating Event(s)

WHAT MIGHT BE CONTRIBUTING FACTORS TO THE BEHAVIOR: _____

WHEN DID YOU FIRST NOTICE THE BEHAVIOR(S) OF CONCERN? _____

CLASSROOM or INDIVIDUAL STRATEGIES:

That have worked (at least some times):	That haven't worked yet:
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FAMILY INPUT ON BEHAVIORS: _____

WHAT STAFF WANT FOR SUPPORT: _____

Please note, for Behavior Support Plans, One Week of BIR forms must be included with this form

Referring staff signature

Date

Please turn this form in to your Site Director upon completion.

This page to be filled out by your Site Director.

Universal Classroom Practices in place (please check that these are in place):

- Show positive attention: 5:1 ratio
- Teach Behavior expectations for each routine.
- Teach positive peer-related social skill
- Use visual schedules
- Positive relationship in place

Site Director notes based on observations:

Suggestions made to support the child (if any):

Suggestion	Staff Response	Child Response

CDS/Coach signature (required)

Date

To be submitted to the Director of MH & Wellness:

- Signed Consent for Social Emotional Consultation (Form #401)
- Completed Teacher & Supervisor Referral Pages (Form #403)
- BIR forms, if required