**School Based Behavior Services Referral Form – Scan and Email to referrals@gmbehavior.org**

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| Date of Referral: |  |
| Staff Completing Referral Form: |  |
| Contact Information for Staff:  (include email, phone number, best times to reach) |  |
| Name of Student: |  |
| Age of Student/DOB/Grade: |  |
| Name of Parents/Guardians: |  |
| School/District: |  |
| Name of Classroom Teacher: |  |
| Name of Special Educator/Case Manager: |  |
| Student Status (circle):  Please attach identified documents. | * IEP * 504 * EST * General Ed |
| Diagnoses/profile (circle): | * EBD * ASD * Other (specify): |
| Service(s) requested (circle) | * FBA * Consultation only * Behavior Instructor/Behavior Clinician |
| GMBC Transportation of Student Requested?  Address if transportation is desired. | * No * Yes (provide detail) |
| DCF Involvement? Please list name(s) and contact(s) of Case Worker(s) |  |

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| Reason for Referral: Identify observable behaviors that necessitate behavioral support. Describe behaviors that can be observed and list most severe behaviors first. Please avoid using vague descriptions such as “disrespectful” or “attention seeking.” |
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| Student’s Strengths: |
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| Student’s preferred activities and interests: |
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| From the student’s family’s and/or student’s perspective, what are their hopes and desired outcomes? Are they in support of referral to GMBC? |
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**Transition Planning**

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| Please identify needs of the referring school to ensure a successful transition to and from GMBC BI services: | | |
| Examples: | Transition to: | Transition from: |
| Staffing |  |  |
| Staff Training |  |  |
| Physical Space Modifications (space for breaks, space for crisis management) |  |  |
| Behavior Plan Continuity |  |  |
| Visual Supports |  |  |
| Safety plan development |  |  |
| Other: |  |  |