



Intervention Meeting Request Form – Behavior

Student Name: _____

Grade: _____

Referring Teacher: _____

Date: _____

1) *Student's Strengths (check all that apply):*

- | | | | |
|---|---|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> positive attitude | <input type="checkbox"/> hard worker | <input type="checkbox"/> cooperative | <input type="checkbox"/> motivated |
| <input type="checkbox"/> handles conflict well | <input type="checkbox"/> good sense of humor | <input type="checkbox"/> respectful | <input type="checkbox"/> organized |
| <input type="checkbox"/> works well with others | <input type="checkbox"/> creative / artistic | <input type="checkbox"/> trustworthy | <input type="checkbox"/> responsible |
| <input type="checkbox"/> works well independently | <input type="checkbox"/> shows leadership qualities | <input type="checkbox"/> other: _____ | |

2) *Area of Concern (check all that apply):*

Attention:

- | | | |
|--|--|--|
| <input type="checkbox"/> distractibility | <input type="checkbox"/> frequently disrupts | <input type="checkbox"/> frequently interrupts |
| <input type="checkbox"/> compliance difficulties | <input type="checkbox"/> impulse control | <input type="checkbox"/> other: _____ |

Social Skills:

- | | | |
|--|--|--|
| <input type="checkbox"/> friendship skills | <input type="checkbox"/> anger control | <input type="checkbox"/> verbal aggression |
| <input type="checkbox"/> teases others | <input type="checkbox"/> teased by others | <input type="checkbox"/> quick to blame others |
| <input type="checkbox"/> response to social cues | <input type="checkbox"/> cooperation with others | <input type="checkbox"/> acceptance of others |
| <input type="checkbox"/> physical aggression | <input type="checkbox"/> verbal aggression | <input type="checkbox"/> teases others |
| <input type="checkbox"/> teased by others | <input type="checkbox"/> defensive | <input type="checkbox"/> other: _____ |

Emotions / Mood:

- | | | |
|---|--|---|
| <input type="checkbox"/> demand for attention | <input type="checkbox"/> mood control | <input type="checkbox"/> tolerance |
| <input type="checkbox"/> anxiety level | <input type="checkbox"/> withdrawn | <input type="checkbox"/> sadness / depression |
| <input type="checkbox"/> sensory regulation | <input type="checkbox"/> self-confidence | <input type="checkbox"/> other: _____ |

3) *Modifications Prior to Referral:*

- | | |
|---|---|
| <input type="checkbox"/> proximity during instruction | <input type="checkbox"/> preferential seating |
| <input type="checkbox"/> re-teaching and modeling of expected behaviors | <input type="checkbox"/> cueing |
| <input type="checkbox"/> visual representation of expectations and directions | <input type="checkbox"/> sensory breaks |
| <input type="checkbox"/> reduced / alternative assignments | <input type="checkbox"/> other: _____ |

4) *Data Collection:*

- | | | |
|--|---|---|
| <input type="checkbox"/> SWIS/PowerSchool Data | <input type="checkbox"/> behavior charts/logs | <input type="checkbox"/> report card – self-directed learning |
| <input type="checkbox"/> attendance record | <input type="checkbox"/> Conferencing/collaboration | <input type="checkbox"/> other: _____ |

5) *Comments:*