



## Reevaluation Referral Checklist for Parentally-Placed Private School Students

The following checklist is provided to facilitate the reevaluation process for children with disabilities in private schools.

Exceptional Student Education (ESE) Service Center - Private School Intake (PSI) Offices

<http://privateschoolsidea.dadeschools.net/>

1. **Parents/Guardians, with the assistance of the private school, must gather as much existing/pertinent information as possible on the child's current levels of performance.**

The following documents **are required**:

- Private School Intake (PSI) - Referral Cover Page
- Request for Assistance (RFA) packet – Form 7073
- Two Teacher Observations – found on page 2 of the RFA packet (Form Above)
- Two Reevaluation Team Meeting Teacher Feedback Forms
- Consent Form for Mutual Exchange of Information Form 2128

The following documents **can be used** to support to prepare for the RT meeting:

- Grades, work samples, attendance records, and discipline records
- Any standardized test scores
- Any private medical, psychoeducational evaluations

2. If a change in special education eligibility is being considered, then the following is recommended:  
Sensory screening information (vision & hearing) - School Entry Health Form provided by Pediatrician;  
If Not available, please use forms listed below

- Vision – Form 2125
- Hearing – Form # 7409

Any individualized interventions: the plans below could be used to document private school efforts:

- Multi-Tiered System of Supports (MTSS) Intervention Plan (Form 6290 )
- Social Emotional-Behavioral Intervention Plan (SE-BIP), Form 6287,
- Must also include the MTSS Structured Interview Form 6660

The guardian then delivers the **completed packet** via email to ESE Support [ese@dadeschools.net](mailto:ese@dadeschools.net) or by fax to 305-666-1250 or to the address below.

- **When emailing, please write PSI EVALUATION on the subject line of email. Documents must be submitted in PDF format only, do not submit in Jpeg. All documents should be submitted together in one submission.**
- The PSI Team will review the documentation, inform the parent/school if any additional documentation is needed
- A Receipt of Private Evaluation or Documentation FM 7087 will be provided when the complete packet is submitted

3. The guardian will be contacted with the date and time of their Re-evaluation (RT) Team Meeting appointment.
  - At the RT meeting, all the collected data will be reviewed and discussed - this concludes the RT Evaluation.
  - If additional (formal assessment) data is deemed necessary by the RT Team, a Consent for Reevaluation will be secured.
  - **Please note:** Private school teacher **is required to participate** in this meeting (in person, by phone or in writing)
4. If formal assessment is necessary, an evaluation is then scheduled and conducted at a PSI M-DCPS office closest to the student's home address or Via Zoom.
5. After the evaluation, the PSI office will schedule an eligibility meeting with the parent/guardian
  - At this meeting, a review of the assessment results will be conducted, and ESE eligibility determined, if applicable.

**MIAMI-DADE COUNTY PUBLIC SCHOOLS**  
**PRIVATE SCHOOL INTAKE OFFICE**  
**Referral Page**

**Reason for Referral or Concern?** \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ DOB: \_\_\_\_\_

\*MDCPS ID# \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

HOME SCHOOL: \_\_\_\_\_

\*If the student has never attended M-DCPS, a Student ID must be obtained in order to start the evaluation process. Please complete the Student ID Information Packet Form and submit the following documents.

- Student birth certificate
- Parent driver's license
- Recent FPL/Utility Bill, or Mortgage/Lease Agreement

**Please provide the following information for the private school:**

PRIVATE SCHOOL NAME \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

CONTACT EMAIL: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

NAME OF TEACHER: \_\_\_\_\_

IS THIS SCHOOL A NON-PROFIT? \_\_\_\_\_

**TO BE COMPLETED BY PSI OFFICE STAFF:**

TYPE OF CASE: \_\_\_\_\_ INITIAL \_\_\_\_\_ RE-EVALUATION - CURRENT EXCEPTIONALITY: \_\_\_\_\_

Case Reviewed by: \_\_\_\_\_

Case Complete and Ready for SST or RT: \_\_\_\_\_

Referral Packet Incomplete/Please Specify: \_\_\_\_\_

- **For Re-evaluations:** RT Teacher Feedback Form with 2 completed and signed observations found on page 2 of the RFA (FM7073), and signed consent for mutual exchange
- **For Initial Referrals:** Vision and Hearing Screenings; Completed RFA (FM 7073) with 2 completed and signed observations, RtI Data that addresses area of concern, and signed consent for mutual exchange



# TEACHER OBSERVATION ( \_\_\_ of 2)

*Must Provide 2 Observations from FM-7073*

## AREAS OF STRENGTH

### Reading

- Phonics
- Phonemic Awareness
- Vocabulary
- Fluency
- Comprehension
- Oral Language

### Mathematics

- Calculation
- Problem Solving

### Communication

- Expressive
- Receptive
- Articulation

### Written Language

- Science
- Motor Skills
- Adaptive Skills

### Art

- Music
- Social Skills/  
Interpersonal Skills

### High Aptitude

- Performing academically  
above expectations

### Additional Comments:

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## AREAS OF CONCERN – Reflection & Observation of present performance during routine classroom instruction

Attention/ Executive Functioning	Some times	Often	Presently Observed
Gets out of seat at wrong times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has short attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is easily distracted/requires frequent redirection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appears to daydream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impulsive/Does not think before doing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is unaware of behavior when in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appears over active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has difficulty getting started on class work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does not complete tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does not turn in homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has difficulty following directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has a messy desk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is easily confused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has trouble remembering things, even for a few minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets stuck on one topic or activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acts upset by change in routine/plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is fidgety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Externalizing Behaviors	Some times	Often	Presently Observed
Calls out in class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has temper tantrums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lacks self-control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cries inappropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takes things belonging to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Makes untrue statements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is destructive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses profane language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is physically aggressive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is verbally aggressive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily frustrated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lacks empathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Defiant to authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits perseverating/ repetitive behaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequently truant/absent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Internalizing Behaviors	Some times	Often	Presently Observed
Seems withdrawn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prefers solitary activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is easily led, influenced by others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has difficulty making friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Avoids verbal communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does not participate in class activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is ridiculed by peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is ignored by peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seems anxious/worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seems sad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits self-injurious behaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates mood changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seems easily overwhelmed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits fear of school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_  
**TEACHER NAME & SIGNATURE**

\_\_\_\_\_  
**DATE**

# READING/WRITING INTERVENTIONS

-Complete this Section only if Reading/Writing is a Targeted Area of Concern -

## TIER 1 DATA PROFILE *(Attach supporting documentation)*

CURRICULUM	Tier 1 data used to determine Tier 2 need <i>(Check all that apply)</i>
<p><b>Tier 1 Curriculum:</b> _____</p> <p><b>DI Frequency:</b> _____ Minutes a day, _____ days a week</p> <p><b>DI Skill Focus</b> (Ex: Phonics: <i>CVC/CVCe</i>):</p> <p><input type="checkbox"/> Phonemic Awareness</p> <p><input type="checkbox"/> Phonics/Spelling</p> <p><input type="checkbox"/> Vocabulary/Word Meaning</p> <p><input type="checkbox"/> Fluency</p> <p><input type="checkbox"/> Reading Comprehension</p> <p><input type="checkbox"/> Written Expression</p>	<p><input type="checkbox"/> i-Ready Diagnostic Data</p> <p><input type="checkbox"/> FCAT/FSA (Levels 1 or 2)</p> <p><input type="checkbox"/> SESAT/SAT-10 (&lt;40%)</p> <p><input type="checkbox"/> D, F grades</p> <p><input type="checkbox"/> Other:</p> <p>_____</p> <p>_____</p> <p>_____</p>

## TIER 2 DATA PROFILE *(Attach supporting documentation)*

INTERVENTION	PROGRESS MONITORING <i>Check &amp; Attach all data (data/chart/graph)</i>
<p><b>Tier 2 Curriculum/Intervention:</b> _____</p> <p><b>Initiation Date:</b> _____</p> <p><b>Frequency Intervention Received:</b> _____ minutes/per _____</p> <p><b>Additional Resources:</b> _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> MTSS Tier 2 Fidelity Monitoring Chart (FM 6493)*</p> <p><input type="checkbox"/> i-Ready Growth Monitoring Data</p> <p><input type="checkbox"/> In-Program Assessment Data</p> <p><input type="checkbox"/> Other:</p> <p>_____</p> <p>_____</p> <p>_____</p>

**\* Required**

### DATA ANALYSIS

*(Completed by an MTSS Team Member)*

**Is the student on track to meet grade-level expectation?**

- Yes, student **IS** on track. No referral to Tier 3 SST.
- No, student is **NOT** on track AND is performing below grade-level. Refer to Tier 3 SST.

Analyzed by: \_\_\_\_\_  
(Name, Signature, and Date)

# MATHEMATICS INTERVENTION

- Complete this Section only if Mathematics is a Targeted Area of Concern -

## TIER 1 DATA PROFILE *(Attach supporting documentation)*

CURRICULUM	Tier 1 data used to determine Tier 2 need <i>(Check all that apply)</i>
<p><b>Tier 1 Curriculum:</b> _____</p> <p><b>DI Frequency:</b> _____ Minutes a day, _____ days a week</p> <p><b>DI Skill Focus:</b> _____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> i-Ready Individual Student Report</p> <p><input type="checkbox"/> FCAT/FSA Levels 1 or 2</p> <p><input type="checkbox"/> SESAT/SAT-10 &lt;40%</p> <p><input type="checkbox"/> D, F grades</p> <p><input type="checkbox"/> Other: _____</p> <p>_____</p> <p>_____</p>

## TIER 2 DATA PROFILE *(Attach supporting documentation)*

INTERVENTION	PROGRESS MONITORING <i>Check &amp; Attach all data (data/chart/graph)</i>
<p><b>Tier 2 Curriculum/Intervention:</b> _____</p> <p><b>Initiation Date:</b> _____</p> <p><b>Frequency Intervention Received:</b> _____ minutes/per _____</p> <p><b>Additional Resources:</b> _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> MTSS Tier 2 Fidelity Monitoring Chart (FM 6493)*</p> <p><input type="checkbox"/> i-Ready Growth Monitoring Data</p> <p><input type="checkbox"/> Other: _____</p> <p>_____</p> <p>_____</p> <p style="text-align: right;"><b>* Required</b></p>

## DATA ANALYSIS

*(Completed by an MTSS Team Member)*

**Is the student on track to meet grade-level expectation?**

- Yes, student **IS** on track. No referral to Tier 3 SST.
- No, student is **NOT** on track AND is performing below grade-level. Refer to Tier 3 SST.

Analyzed by: \_\_\_\_\_  
(Name, Signature, and Date)

# SOCIAL-EMOTIONAL BEHAVIOR INTERVENTION

- Complete this Section only if Social-Emotional Behavior is a Targeted Area of Concern -

## TIER 1 DATA PROFILE *(Attach supporting documentation)*

CURRICULUM - Behavioral Standard -	TIER 1 BEHAVIORAL PROFILE
<p><b>Tier 1 Curriculum/Standard</b></p> <p><input type="checkbox"/> Code of Student Conduct</p> <p><input type="checkbox"/> School-Wide Behavioral Expectations (PBIS)</p> <p><input type="checkbox"/> Classroom Rules/Procedures</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Other: _____</p>	<p><b>Tier 1 data used to determine Tier 2 need</b> <i>(Check all that apply)</i></p> <p><input type="checkbox"/> MTSS Tier 1 Behavioral Profile Sheet (FM 7447)*</p> <p><input type="checkbox"/> Other: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p style="text-align: right;"><b>* Required</b></p>

## TIER 2 DATA PROFILE *(Attach supporting documentation)*

INTERVENTION Type of Intervention Provided	PROGRESS MONITORING <i>Check &amp; Attach all data (data/chart/graph)</i>
<p><b>Tier 2 Curriculum/Intervention:</b> _____</p> <p><b>Initiation Date:</b> _____</p> <p><b>Frequency Intervention Received:</b> _____ minutes/per _____</p> <p><b>Additional Resources:</b> _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> MTSS Tier 2 Fidelity Monitoring Chart (FM 6493)*</p> <p><input type="checkbox"/> Student Case Management (SCM) History*</p> <p><input type="checkbox"/> Other: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p style="text-align: right;"><b>* Required</b></p>

### DATA ANALYSIS

*(Completed by an MTSS Team Member)*

**Is the student responding to the services being provided?**

- Yes, student **IS** responding. No referral to Tier 3 SST.
- No, student is **NOT** responding AND requires Tier 3 SST assistance (FAB initiated, use code FC)

Analyzed by: \_\_\_\_\_  
(Name, Signature, and Date)

# ADMINISTRATIVE CHECKLIST

## FIDELITY CHECKLIST

Tiers 1 and 2 have been implemented with fidelity and integrity

- Yes
- No

The student attended or was provided intervention(s) with fidelity

- Yes
- No

### RFA Review:

RFA Complete- **Secure Consent to Screen (FM #6279)**

○ Date Reviewed: \_\_\_\_\_

RFA Incomplete (Reason): \_\_\_\_\_

○ Date Returned to Initiator: \_\_\_\_\_

**Administraor/SST Coordinator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Miami-Dade County Public Schools

## Private School Intake Office

### RE-EVALUATION TEAM (RT) MEETING - TEACHER FEEDBACK INFORMATION FORM

Student \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Teacher \_\_\_\_\_ Class \_\_\_\_\_ Date \_\_\_\_\_

*An RT is being scheduled for this student who attends a private school. Teacher's input is very important. Please provide information in regards to the student's functioning in the following areas:*

<b>Academic Achievement</b> (current levels in Reading/ Math/ & Written Lang.; standardized test scores.)
<b>Processing of information</b> (follows directions, memory, attention, visual-motor)
<b>Emotional functioning</b> (frustration tolerance, mood/temperament/ behavioral concerns)
<b>Adaptive Functioning/Daily Living Skills</b> (personal care, daily living skills, adapting to changes)
<b>Hearing/Speech/Language</b> (hearing screening results, speech & language skills, ability to communicate)
<b>Vision acuity</b> (wears glasses, any apparent difficulty seeing the board, vision screening results)
<b>Physical/Medical</b> (any known health or physical problems, medication intake, medical diagnoses)
<b>School Attendance</b> (indicate good attendance/ frequent absences/ tardiness or early dismissals)
<b>Social Functioning</b> (interaction with peers/adults, social skills, conflict resolution and leadership skills)
<b>Vocational Aptitude/Interests</b> (future goals, career choices, and any special skills or interests)
<b>Concerns/Additional Comments</b>
<b>Any changes in functioning since last evaluation?</b>



MIAMI-DADE COUNTY PUBLIC SCHOOLS

CONSENT FORM FOR MUTUAL EXCHANGE OF INFORMATION

Date \_\_\_\_\_

Student's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ ID# \_\_\_\_\_

I hereby authorize the mutual exchange of records pertaining to my child or myself, \_\_\_\_\_, between the MIAMI-DADE COUNTY PUBLIC SCHOOLS and the following agencies (include all schools, physicians, psychologists, hospitals, clinics, etc., that have had significant contact with your child):

Name

Address

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

- The specific records to be disclosed pertain to: \_\_\_\_\_
- The purpose for making these records available is: \_\_\_\_\_
- **The receiving party will not disclose the information to any other party without signed consent.**

I certify that I am the parent or legal guardian of the child named above or that I am a student of majority age and have the authority to sign this release.

_____	_____
Name (print)	Signature
_____	_____
Address	City, State                      Zip Code

Please return this form to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



ESCUELAS PÚBLICAS DEL CONDADO MIAMI-DADE

CARTA DE CONSENTIMIENTO PARA EL INTERCAMBIO MUTUO DE INFORMACIÓN  
(CONSENT FORM FOR MUTUAL EXCHANGE OF INFORMATION)

Fecha \_\_\_\_\_

Nombre del estudiante \_\_\_\_\_

Fecha de nacimiento \_\_\_\_\_ Número de identidad \_\_\_\_\_

Con la presente carta autorizo el intercambio de información en referencia a mi hijo o mi persona, \_\_\_\_\_, entre las Escuelas Públicas del Condado de Miami-Dade (MIAMI-DADE COUNTY PUBLIC SCHOOLS) y las siguientes agencias (incluyendo escuelas, médicos, psicólogos, hospitales, clínicas, etc., que han tenido que ver con su hijo/hija):

Nombre

Dirección

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

• Los documentos específicos divulgados conciernen: \_\_\_\_\_

• La razón de tener estos documentos disponibles es: \_\_\_\_\_

• **La(s) persona(s) que reciba(n) estos documentos no divulgará(n) la información con otras personas y/o agencias sin su consentimiento.**

Hago constar que soy el padre o tutor legal del niño cuyo nombre se menciona arriba o que soy un estudiante mayor de edad y estoy autorizado para firmar esta carta de autorización.

\_\_\_\_\_  
Nombre

\_\_\_\_\_  
Firma

\_\_\_\_\_  
Dirección

\_\_\_\_\_  
Ciudad, Estado

\_\_\_\_\_  
Código postal

Sírvase devolver esta carta a:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



LEKÒL PIBLIK MIYAMI

FŃM KONSANTMEN POU ECHANJ EMFŃMASYON  
(CONSENT FORM FOR MUTUAL EXCHANGE OF INFORMATION)

Dat \_\_\_\_\_

Nom elèv \_\_\_\_\_

Dat li fèt \_\_\_\_\_ ID# \_\_\_\_\_

Mwen otorize ke yo fe echanj enfomasyon sou dosye pitit mwen ou dosye pa-m, \_\_\_\_\_, ant Lekòl Leta Miami-Dade Konti ak ajns sa yo mete (tout lekòl, doktè, sikològ, klinik, esetera, ki te an afè avèk pitit ou):

**Nom**

**Adrès**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

• Dosye yo kapab kite moun wè yo, se dosye ki gen rapò ak: \_\_\_\_\_

• Dosye yo kapab kite moun wè yo, se dosye ki gen rapò ak: \_\_\_\_\_

• **Moun ki resevwa dosye ya p'ap kite okenn lot moun wè yo san yon konsantman siyen.**

Mwen sètifye ke se mwen ki paran ou gadyen timoun, non ekri anro, fòm sa a ou swa mwen se yon elèv ki majè e ke mwen gen otorite ou siyen pèmasyon sa a.

\_\_\_\_\_ Non

\_\_\_\_\_ Siyati

\_\_\_\_\_ Adrès

Sil vou plè, retounen fòm sa bay:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



MIAMI-DADE COUNTY PUBLIC SCHOOLS

STUDENT'S NAME: (LAST) _____ (FIRST) _____ (M.I.) _____			DATE (MM/DD/YY)	_____
			STUDENT ID. #	_____

MULTI-TIERED SYSTEM OF SUPPORTS (MTSS) VISION SCREENING

VISION SCREENING REPORT

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_ SEX \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_ ETHNICITY \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_ TEACHER \_\_\_\_\_

Reason for referral:

\_\_\_\_\_  
\_\_\_\_\_

	RIGHT	LEFT	BOTH
Visual acuity without glasses:	_____	_____	_____
Visual acuity with present glasses:	_____	_____	_____
Visual acuity with prescription recommended:	_____	_____	_____

Results and Recommendation Summary:

\_\_\_\_\_  
\_\_\_\_\_

Date of Examination: \_\_\_\_\_

\_\_\_\_\_  
Name of Examiner

\_\_\_\_\_  
Title of Examiner

\_\_\_\_\_  
Signature of Examiner



**MIAMI-DADES COUNTY PUBLIC SCHOOLS  
MULTI-TIERED SYSTEM OF SUPPORTS (MTSS)  
AUDIOMETRIC SCREENING**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ ID#: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

	1000 Hz	2000 Hz	4000 Hz
Left Ear (dB)			
Right Ear (dB)			

**Results of Screening:**

- PASS
- FAIL      Date Referred \_\_\_\_\_ Referred Facility: \_\_\_\_\_
- Could Not Condition      Date Referred \_\_\_\_\_ Referred Facility: \_\_\_\_\_

Comments/Observations:

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Screener Name \_\_\_\_\_

Screener Employee Number \_\_\_\_\_

Screener Signature \_\_\_\_\_

Screening Date \_\_\_\_\_



**MIAMI-DADE COUNTY PUBLIC SCHOOLS  
MULTI-TIERED SYSTEM OF SUPPORTS (MTSS)  
TIER 3 ACADEMIC INTERVENTION PLAN**

**Student Information:**

Name: \_\_\_\_\_ ID# \_\_\_\_\_ Date of Meeting: \_\_\_\_\_  
 School: \_\_\_\_\_ Grade: \_\_\_\_\_ ESOL Level & Semesters: \_\_\_\_\_

**Parent Notification Date:** \_\_\_\_\_ **Parent Attended Meeting:**  YES  NO

**Intervention Start Date:** \_\_\_\_\_

**Specific Area of Focus:**  Reading  Writing  Math  Communication

**Targeted Skill(s):**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Description of the Intervention	Setting/Location	Time of Intervention	Person Responsible

**Goal Statement – Expected Level of Progress:**

\_\_\_\_\_ will improve his/her \_\_\_\_\_ at a rate of \_\_\_\_\_ per \_\_\_\_\_  
 (Student's Name) (Targeted Skill) (#) (Week/Month)

**Parent/Guardian Assistance:**

Your assistance can increase our success with your child. Listed here are some suggestions for activities that you can do at home that will benefit your child.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

These activities will help best if they take place at least \_\_\_\_\_ times a week, for about \_\_\_\_\_ minutes each time. These activities should not become a source of conflict between you and your child; they should be fun and provide enjoyment for your family.

_____	_____	_____
Contact Person	Title	Telephone

**Signatures of Those Present at the Meeting:**

Teacher: _____	Reading Leader: _____
Teacher: _____	Math Leader: _____
Parent/Guardian: _____	Behavioral Specialist: _____
Parent/Guardian: _____	School Psychologist: _____
ELL Teacher: _____	Social Worker: _____
Administrator/SST Coordinator: _____	Other: _____

**Follow-Up Meeting Date:** \_\_\_\_\_

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**To Be Completed at Follow-Up Meeting:**

**Tier 3 Response:**

Documents:

- Tier 3 intervention determined valid and reliable
- Tier 3 data (graph) is attached and reviewed

Existing Tier 3 data indicates the following course of action should be taken (select one):

- Option A:** Student is making **positive** progress (increased rate of improvement and reduced level of risk). Team will consider removing all supplemental services, removing some supplemental service, or maintain the current level of supplemental service.
- Option B:** Student progress is **questionable** (minimal rate of improvement and no reduction of risk). Team will consider adjusting supplemental intervention(s) and/or secure consent to evaluate (FM# 4961). A **questionable** rate of progress also includes information suggesting an acceptable rate of improvement, but the effort to maintain the Tier 3 intervention is substantial and unsustainable in the general education setting.
- Option C:** Student progress is **poor** (decreased rate of improvement and increased level of risk). Team will consider adjusting supplemental intervention(s) and secure consent to evaluate (FM# 4961).

Date of subsequent SST Follow-Up (*if needed*): \_\_\_\_\_

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**Notes (to further explain the SST's course of action – *if needed*):**

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**Signature:**

\_\_\_\_\_  
Administrator – SST Coordinator

Student Name: \_\_\_\_\_ ID#: \_\_\_\_\_ DOB: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

## Social/Emotional-Behavior Intervention Plan (SE-BIP) Student Profile Worksheet

<u>Setting Events</u>	<u>Antecedents/Triggers</u>	<u>Problem Behavior</u>	<u>Function</u>
<p><b>What events, places, or activities tend to be associated with the problem behavior? (Slow Trigger)</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Lack of sleep</li><li><input type="checkbox"/> Illness</li><li><input type="checkbox"/> Physical pain</li><li><input type="checkbox"/> Hunger</li><li><input type="checkbox"/> Trouble at home</li><li><input type="checkbox"/> Multiple transitions</li><li><input type="checkbox"/> Fight/Conflict with peers</li><li><input type="checkbox"/> Noise/Distractions</li><li><input type="checkbox"/> Emotional state (please specify: anxiety, depression, sadness, boredom, loneliness)</li><li><input type="checkbox"/> Family issues</li><li><input type="checkbox"/> Gender identification</li><li><input type="checkbox"/> Living situation</li><li><input type="checkbox"/> Medication issues</li><li><input type="checkbox"/> DSM Diagnosis (Mental health diagnosis)</li><li><input type="checkbox"/> Substance abuse</li><li><input type="checkbox"/> Other: _____</li></ul> <p>Past experiences which may affect behavior(s)</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Failure</li><li><input type="checkbox"/> Rejection</li><li><input type="checkbox"/> Injury</li><li><input type="checkbox"/> Fear</li><li><input type="checkbox"/> Trauma</li><li><input type="checkbox"/> Other: _____</li></ul> <p>Other issues before or outside of school</p> <input type="checkbox"/> _____	<p><b>What appears to set off or precede the problem behavior? (0-3 seconds before behavior occurs)</b></p> <p><b>WHEN is the problem behavior most likely to occur?</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Morning – approximate time(s) _____</li><li><input type="checkbox"/> Afternoon – approximate time(s) _____</li><li><input type="checkbox"/> Before/After school</li><li><input type="checkbox"/> Lunch/Recess</li><li><input type="checkbox"/> Time of day does not seem to affect this behavior</li></ul> <p><b>WHERE is the problem behavior most likely to occur?</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Gen Ed classroom</li><li><input type="checkbox"/> ESE classroom</li><li><input type="checkbox"/> Hallways</li><li><input type="checkbox"/> Cafeteria</li><li><input type="checkbox"/> Other: _____</li></ul> <p><b>During what SUBJECT/ACTIVITY is the problem behavior most likely to occur?</b></p> <p>Subject(s) _____</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Unstructured activities</li><li><input type="checkbox"/> Individual/Independent activities</li><li><input type="checkbox"/> Group activities</li><li><input type="checkbox"/> With a partner</li><li><input type="checkbox"/> Seatwork</li><li><input type="checkbox"/> Lesson presentation</li><li><input type="checkbox"/> Task explanation</li><li><input type="checkbox"/> Pencil/paper</li><li><input type="checkbox"/> Require physical activity</li><li><input type="checkbox"/> Transition</li><li><input type="checkbox"/> Other: _____</li></ul> <p><b>The PEOPLE that are present when the problem behavior is most likely to occur include:</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Teacher /Staff</li><li><input type="checkbox"/> Classmates/other peers</li></ul> <p><b>Are there OTHER EVENTS or CONDITIONS that immediately precede the problem behavior?</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> A demand, request or directive</li><li><input type="checkbox"/> Redirection</li><li><input type="checkbox"/> Unexpected changes in schedule or routine/Interruption</li><li><input type="checkbox"/> Consequences imposed for behavior</li><li><input type="checkbox"/> Teacher/Adult denies request</li><li><input type="checkbox"/> Provocation from other students</li><li><input type="checkbox"/> Peer encouragement of negative behaviors</li><li><input type="checkbox"/> Unwanted attention</li><li><input type="checkbox"/> Other: _____</li></ul>	<p><b>What are the problem behaviors?</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Talks out of turn/calls out</li><li><input type="checkbox"/> Noncompliant</li><li><input type="checkbox"/> Does not complete work</li><li><input type="checkbox"/> Disorganized</li><li><input type="checkbox"/> Unable to work independently</li><li><input type="checkbox"/> Unmotivated</li><li><input type="checkbox"/> Impulsive</li><li><input type="checkbox"/> Withdrawn</li><li><input type="checkbox"/> Anxious</li><li><input type="checkbox"/> Depressed</li><li><input type="checkbox"/> Unfocused</li><li><input type="checkbox"/> Poor coping skills</li><li><input type="checkbox"/> Off-task (daydreaming, inattentive)</li><li><input type="checkbox"/> Off-task (disruptive)</li><li><input type="checkbox"/> Verbally aggressive to adults</li><li><input type="checkbox"/> Verbally aggressive to peers</li><li><input type="checkbox"/> Disrespecting adults</li><li><input type="checkbox"/> Abusive/Inappropriate language</li><li><input type="checkbox"/> Provokes other students</li><li><input type="checkbox"/> Defiant to adults</li><li><input type="checkbox"/> Out of seat/area</li><li><input type="checkbox"/> Tardy</li><li><input type="checkbox"/> Truant</li><li><input type="checkbox"/> Physically aggressive to adults</li><li><input type="checkbox"/> Physically aggressive to peers</li><li><input type="checkbox"/> Self-injurious behaviors</li><li><input type="checkbox"/> Self-stimulating behaviors</li><li><input type="checkbox"/> Harassment/Teasing</li><li><input type="checkbox"/> Threat/Intimidation/Bullying</li><li><input type="checkbox"/> Property damage</li><li><input type="checkbox"/> Lying/Cheating/Forgery</li><li><input type="checkbox"/> Theft</li><li><input type="checkbox"/> Sexual harassment</li><li><input type="checkbox"/> Sexual offense</li><li><input type="checkbox"/> Use/Possession of tobacco</li><li><input type="checkbox"/> Use/Possession of alcohol</li><li><input type="checkbox"/> Use/Possession of drugs</li><li><input type="checkbox"/> Use/Possession of weapons</li><li><input type="checkbox"/> Use/Possession of combustible substance</li><li><input type="checkbox"/> Bomb threat/False alarm</li><li><input type="checkbox"/> Arson</li><li><input type="checkbox"/> Other: _____</li></ul>	<p><b>What “payoff” does the student obtain from the problem behavior?</b></p> <p><b>The student GAINS:</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Teacher/adult attention</li><li><input type="checkbox"/> Peer attention</li><li><input type="checkbox"/> Tangible</li><li><input type="checkbox"/> Access to task</li><li><input type="checkbox"/> Access to other</li><li><input type="checkbox"/> Sensory feedback</li><li><input type="checkbox"/> Tactile (rubbing, scratching)</li><li><input type="checkbox"/> Auditory (humming, singing)</li><li><input type="checkbox"/> Movement (tapping, fidgeting)</li><li><input type="checkbox"/> Other: _____</li></ul> <p><b>The student AVOIDS or ESCAPES</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Teacher demands</li><li><input type="checkbox"/> Teacher reprimands</li><li><input type="checkbox"/> Teacher correction</li><li><input type="checkbox"/> Peer/social contact</li><li><input type="checkbox"/> Non-preferred activities, task or setting</li><li><input type="checkbox"/> A difficult task</li><li><input type="checkbox"/> Frustrating situation</li><li><input type="checkbox"/> Adults (attention)</li><li><input type="checkbox"/> Peers (attention)</li><li><input type="checkbox"/> Anxiety (thoughts/feelings)</li><li><input type="checkbox"/> Depression (thoughts/feelings)</li><li><input type="checkbox"/> Embarrassment (thoughts/feelings)</li><li><input type="checkbox"/> Humiliation (thoughts/feelings)</li><li><input type="checkbox"/> Loneliness (thoughts/feelings)</li><li><input type="checkbox"/> Anger (thoughts/feelings)</li><li><input type="checkbox"/> Sadness (thoughts/feelings)</li><li><input type="checkbox"/> Confusion (thoughts/feelings)</li><li><input type="checkbox"/> Boredom (thoughts/feelings)</li><li><input type="checkbox"/> Temperature (sensations ... too hot or cold)</li><li><input type="checkbox"/> Noise (sensations ... too quiet or loud)</li><li><input type="checkbox"/> Crowded spaces (sensations ... too empty or full)</li><li><input type="checkbox"/> Lighting (sensations ... too dim or bright)</li><li><input type="checkbox"/> Movement (sensations ... too still or busy)</li><li><input type="checkbox"/> Other: _____</li></ul>

Student Name: \_\_\_\_\_ ID#: \_\_\_\_\_ DOB: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

## Social/Emotional-Behavior Intervention Plan (SE-BIP)

### Problem Behavior and Replacement Statements

**Problem Behavior Statement:** Considering all the FBA data collected, and the Student Profile Worksheet analysis, identify **ONE BEHAVIOR or SOCIAL/EMOTIONAL CONCERN** to be targeted for intervention.

#### Problem Behavior: What is the student doing?

Problem behavior is clearly defined such that it is measurable, can be identified by two or more observers, and can be identified across time and in different settings or contexts.

#### Replacement Behavior: What we want the student to do...

Replacement behavior is clearly defined such that it is measurable, can be identified by two or more observers, and can be identified across time and in different settings or contexts.

**The Function of the Problem Behavior has been determined to be: Check one**

- To Get
- To Avoid/Escape

Student Name: \_\_\_\_\_ ID#: \_\_\_\_\_ DOB: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

## Social/Emotional-Behavior Intervention Plan (SE-BIP)

### Proactive Interventions

**Directions:** Check **one or two** appropriate intervention(s). Ensure that the chosen intervention(s) match the function of the problem behavior.

*Q What environmental adjustments and/or teacher behaviors will be attempted to make the problem behavior less likely to occur?*

- P-1** Preferential seating
- P-2** Encourage positive peer connections
- P-3** Contract for grades
- P-4** Daily/Weekly progress report
- P-5** Establish teacher/parent communication system
- P-6** Frequent monitoring and redirection by teacher
- P-7** Establish a personal connection with student
- P-8** Choice making
- P-9** Curricular adjustments
- P-10** Encourage participation in extracurricular activities
- P-11** Provide guidance prior to independent work
- P-12** Follow-up to ensure student understanding of task/request
- P-13** Schedule adjustment (e.g. classes, transition times)
- P-14** Give student an opportunity to mentor/tutor a peer
- P-15** Increase frequency of task related recognition
- P-16** Allow student to use quiet time/space
- P-17** Identify appropriate settings for behavior(s)
- P-18** Visual schedule
- P-19** Environmental changes (lighting, furniture, sound sources)
- P-20** Provide access to student support personnel (e.g. SSW, TRUST)
- P-21** Other:

**Consider adjustments to when and where the problem behavior is likely to occur; in addition, consider adjustments to subject/activity or the people present when the problem behavior is most likely to occur.**

**Describe interventions in detail:**

Student Name: \_\_\_\_\_ ID#: \_\_\_\_\_ DOB: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

## Social/Emotional-Behavior Intervention Plan (SE-BIP)

### Educative Interventions

**Directions:** Check **one or two** appropriate intervention(s). Ensure that the chosen intervention(s) match the function of the problem behavior and/or social/emotional concern.

*Q What new behaviors/strategies will be taught to replace the problematic behavior and/or social/emotional concern?*

- E-1 Teach rules/expectations prior to activity
- E-2 Have student repeat rules/expectations prior to transitions
- E-3 Develop monitoring checklist for teacher/student use
- E-4 Teach and model appropriate communication skills
- E-5 Provide opportunities to practice communication and social skills
- E-6 Teach coping skills (asking for time out, relaxation when frustrated)
- E-7 Teach positive self-talk
- E-8 Remediation in specific academic areas
- E-9 Perform Task Analysis: break down and concretize steps for success
- E-10 Use student's personal interests to increase motivation  
(e.g., If a student likes fishing, reading tasks can be related)
- E-11 Teach alternative behaviors for sensory feedback
- E-12 Teach anger management/problem-solving skills
- E-13 Teach behavioral self-control
- E-14 Social stories/comic book conversations
- E-15 Teach breathing techniques
- E-16 Other:

**What skills will the student need to be taught in order to successfully demonstrate the replacement behavior? When? Who will teach? How will skills be taught/monitored across settings?**

**Describe interventions in detail:**

Student Name: \_\_\_\_\_ ID#: \_\_\_\_\_ DOB: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

## Social/Emotional-Behavior Intervention Plan (SE-BIP)

### Functional Interventions

**Directions:** Check **one or two** appropriate intervention(s). Ensure that the chosen intervention(s) match the function of the problem behavior

*Q How will consequences be managed to ensure the student receives reinforcement for the replacement behavior?*

- F-1 Use preferred activities as reinforcer
- F-2 Personally greet the student upon arrival to class
- F-3 Spend individual time with the student
- F-4 Increase frequency of positive reinforcement
- F-5 Use tangible and/or non-tangible rewards
- F-6 Develop a written behavior contract
- F-7 Assign classroom responsibility that allows student recognition
- F-8 Chart daily successes and review often with student
- F-9 Recognize small steps approximating the desired behavior
- F-10 Ignore undesirable behaviors
- F-11 Reward competing behaviors
- F-12 Student self-monitoring of progress
- F-13 Acknowledge use of replacement behaviors
- F-14 Establish logical sequences and inform students in advance
- F-15 Give encouragement for effort to display appropriate behavior
- F-16 Use of positive referrals
- F-17 Use classroom reinforcers for individual student accomplishments
- F-18 Call home to share news of student effort/success
- F-19 Use school-wide vehicles for recognition
- F-20 Other:

**What will be done to *increase* the occurrence of the replacement behavior?**

**Describe interventions in detail:**

Student Name: \_\_\_\_\_ ID#: \_\_\_\_\_ DOB: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

### Social/Emotional-Behavior Intervention Plan (SE-BIP)

### Crisis Management Plan (CMP)

**Directions: Please check ONE option and describe in detail.**

- Please provide a detailed description of your crisis management procedures when the need for de-escalating student behavior is required.

- Please provide a detailed description of your crisis management procedures when the need for de-escalating student behavior is required for behaviors that may lead to **the use of Physical Restraint Procedures. Physical Restraint Procedures may be used if student presents a danger to self and/or others. This option should only be considered for students receiving special education services.**

Student Name: \_\_\_\_\_ ID#: \_\_\_\_\_ DOB: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

## Social/Emotional-Behavior Intervention Plan (SE-BIP)

### Training, Implementation and Monitoring

#### Training:

Are trainings/resources needed to implement the SE-BIP?  Yes  No

If yes, who will be responsible for providing the training(s)/resource(s) to implement the SE-BIP? \_\_\_\_\_

#### Monitoring:

What method of data collection will be used to track progress?

- Frequency                       Duration                       Latency  
 Student Interview               Behavior Rating Scale               Problem Behavior Questionnaire

Other: \_\_\_\_\_

Person(s) responsible for monitoring implementation of the SE-BIP? \_\_\_\_\_

Person(s) responsible for collecting data? \_\_\_\_\_

**SE-BIP Initiation Date:** \_\_\_\_\_

#### Signature and Title of Persons Attending Meeting

_____	_____
_____	_____
_____	_____
_____	_____



Student Name: \_\_\_\_\_ ID#: \_\_\_\_\_ DOB: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

**Social/Emotional-Behavior Intervention Plan (SE-BIP)**

**Progress Monitoring Plan (Evidence of data to support actions taken must be filed in FBA folder)**

First Quarter	Second Quarter
<p><b>Review Date:</b> _____</p> <p><b>Reviewers Name</b> _____</p> <p><b>Analysis of data shows:</b></p> <p><input type="checkbox"/> Desired decrease in problem behavior    <input type="checkbox"/> Desired increase in replacement behavior</p> <p><input type="checkbox"/> Undesired increase in problem behavior    <input type="checkbox"/> Undesired decrease in replacement behavior</p> <p><b>Action to be taken:</b>    <input type="checkbox"/> Continue    <input type="checkbox"/> Modify    <input type="checkbox"/> Discontinue</p> <p><b>Reason for Action:</b> _____</p> <p>_____</p> <p>_____</p>	<p><b>Review Date:</b> _____</p> <p><b>Reviewers Name</b> _____</p> <p><b>Analysis of data shows:</b></p> <p><input type="checkbox"/> Desired decrease in problem behavior    <input type="checkbox"/> Desired increase in replacement behavior</p> <p><input type="checkbox"/> Undesired increase in problem behavior    <input type="checkbox"/> Undesired decrease in replacement behavior</p> <p><b>Action to be taken:</b>    <input type="checkbox"/> Continue    <input type="checkbox"/> Modify    <input type="checkbox"/> Discontinue</p> <p><b>Reason for Action:</b> _____</p> <p>_____</p> <p>_____</p>
Third Quarter	Fourth Quarter
<p><b>Review Date:</b> _____</p> <p><b>Reviewers Name</b> _____</p> <p><b>Analysis of data shows:</b></p> <p><input type="checkbox"/> Desired decrease in problem behavior    <input type="checkbox"/> Desired increase in replacement behavior</p> <p><input type="checkbox"/> Undesired increase in problem behavior    <input type="checkbox"/> Undesired decrease in replacement behavior</p> <p><b>Action to be taken:</b>    <input type="checkbox"/> Continue    <input type="checkbox"/> Modify    <input type="checkbox"/> Discontinue</p> <p><b>Reason for Action:</b> _____</p> <p>_____</p> <p>_____</p>	<p><b>Review Date:</b> _____</p> <p><b>Reviewers Name</b> _____</p> <p><b>Analysis of data shows:</b></p> <p><input type="checkbox"/> Desired decrease in problem behavior    <input type="checkbox"/> Desired increase in replacement behavior</p> <p><input type="checkbox"/> Undesired increase in problem behavior    <input type="checkbox"/> Undesired decrease in replacement behavior</p> <p><b>Action to be taken:</b>    <input type="checkbox"/> Continue    <input type="checkbox"/> Modify    <input type="checkbox"/> Discontinue</p> <p><b>Reason for Action:</b> _____</p> <p>_____</p> <p>_____</p>





## Structured Interview: Functional Behavior Assessment (FBA)

Date: \_\_\_\_\_

Name of Student: (Last, First) \_\_\_\_\_ ID#: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Interviewer: \_\_\_\_\_ Title: \_\_\_\_\_

Name of team members in attendance: \_\_\_\_\_

### Antecedent

1. What seems to trigger the problem behavior?

2. Under what conditions, situations or activities is the problem behavior most likely to occur?

### Behavior

3. What is/are the problem behavior(s)? Describe each.

4. Of these behaviors, which is the most concerning? Prioritize.

5. Describe the range of intensity of the problem behavior and the extent to which it impacts others?

6. Does the problem behavior occur repetitively?

### Consequence

7. What normally occurs following the problem behavior?

8. Does the student's problem behavior allow him/her to attain something? If so, explain.

9. Does the student's problem behavior allow him/her to avoid something? If so, explain.

10. How do you and others respond to the student's problem behavior?

# Structured Interview: Functional Behavior Assessment (FBA)

## Alternative Behavior

11. What appropriate behavior should the student be exhibiting instead of the problem behavior?

12. Has the student exhibited that appropriate behavior?

13. How do you and others respond to the student's appropriate behavior?

## Other Student Indicators

14. Does the student withdraw from classroom or social activities?

15. Can the student report what are his/her area(s) of concern?

16. Has the student been affected by a traumatic experience? If so, specify.

- |  |  |
|--|--|
| <input type="checkbox"/> Environmental (e.g. victim of crime,<br>experienced natural disaster, homeless) | <input type="checkbox"/> Domestic violence |
| <input type="checkbox"/> Loss of a parent/family member  | <input type="checkbox"/> Other: _____      |

17. Does the student have a medical or physical condition that includes known social features?

18. Does the student demonstrate a lack confidence or motivation? If yes, how is this apparent?

19. Is there any other information that is important in considering this student's behavior? Explain.

## Structured Interview: Functional Behavior Assessment (FBA)

### Action Plan Data Collection

To pinpoint the function of the targeted behavior(s) and establish baseline information, specific data must be collected that captures the reason for the behavior, the frequency, time, duration, and/or its latency. Include a minimum of two (2) data collection tools that will be used to monitor the behavior.

Data Collection Tool	Staff Assigned to Gather Data	Setting	Notes

**Follow up meeting is scheduled for (Date/Time/Place):** \_\_\_\_\_

Data Collection tools that may be considered:

Latency FM# 6656  
 Duration FM# 6657  
 Frequency FM# 6658  
 Time Sampling FM# 6662  
 Other Data (attendance, grades, SCMS)

Student Interview FM# 6665  
 ABC Analysis Form FM# 6659  
 Behavior Rating Scale FM# 7448  
 Problem Behavior Questionnaire FM# 7678