

**DETROIT PUBLIC SCHOOLS
OFFICE OF SPECIALIZED STUDENT SERVICES
REQUEST FOR BEHAVIOR SPECIALIST CONSULTATION**

Section I. Type of request: ___ Student Referral ___ Professional Development/Consultation
(proceed to section V)

Referral Source _____ / _____
Name of referring staff/administrator /parent/guardian Title

Date _____ School _____

Principal/Administrator Signature _____

Section II. Reason for Student Referral:

- ___ Provide support for development of behavior strategies for student
- ___ Provide support for development of Functional Behavior Assessment/ Behavior Intervention Plan (BIP)

Describe specific behaviors including frequency and intensity _____

Section III.

Student's Name _____ BD _____ Student # _____

Grade/Program _____ Teacher _____

Address _____ Zip Code _____

Parent/Guardian _____

Telephone _____
(Home) (Work) (Cell)

Primary language in home: _____ Primary language of student _____

Medical information (include medications) _____

Parent has been informed of Behavior Specialist Consultation ___ Yes ___ No

By _____ on _____
Date

Parent Consent/Signature _____
By phone or person

REQUEST FOR BEHAVIOR SPECIALIST CONSULTATION
(cont.)

Section IV. Please list **strategies/techniques** you have attempted (for a minimum of 30 days)

Check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Parent contacts and meeting | <input type="checkbox"/> Code of Conduct Referral |
| <input type="checkbox"/> RCT referrals and interventions attempted | <input type="checkbox"/> Administrative Transfer |
| <input type="checkbox"/> BIP completed (attached forms) | |
| <input type="checkbox"/> Classroom strategies (please attached) | |
| <input type="checkbox"/> Other (attach documentation) _____ | |

Section V: Request for Consultation

- Provide support to Resource Coordinating Team
 Provide support for Classroom Management
 Professional Development

Section VI. Professional Development

- | | |
|---|---|
| <input type="checkbox"/> Behavior Intervention Plan (BIP) | <input type="checkbox"/> Functional Behavior Assessment |
| <input type="checkbox"/> Classroom Management | <input type="checkbox"/> Behavior Strategies |
| <input type="checkbox"/> Other _____ | |

Forward to: Arezell Brown, LMSW
Director
Office of School Social Work Service

Mail to: Behavior Specialist
Detroit Public Schools
Longfellow Annex Room 247
13141 Rosa Parks
Detroit, MI 48238
or
Fax: 313 252-9995
Email: arezell.brown@detroit12.org

For Office Use Only

Date Received _____ Assigned to _____ Date Completed _____

Action Taken: _____

Disposition: _____