Grant County RTI

Request for Discipline Assistance

Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_

Classroom Teacher:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Application Date:\_\_\_\_\_\_\_\_\_\_\_\_

Is the student currently receiving special education services/speech? \_\_\_\_Yes \_\_\_\_ No

If yes, specify the type of services the student receives:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the student have any identified health impairments (e.g. ADD, ADHD, seizures…), mental health diagnosis or other possible disabilities? \_\_\_\_ Yes \_\_\_\_ No

If yes, please identify the health impairment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe the behavior concern you are requesting assistance for:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Frequency of the behavior:

\_\_\_Daily \_\_\_More than once a day \_\_\_Several days a week \_\_\_Monthly

Time of behavior occurrences:

\_\_\_Morning \_\_\_Afternoon \_\_\_Both

List specific classes that this behavior occurs:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Settings in which the behavior occurs: \_\_\_seatwork \_\_\_group instruction \_\_\_crowded setting

\_\_\_unstructured activity \_\_\_unstructured setting \_\_\_Other (describe)

Possible reasons for the behavior:

\_\_\_Demand/request \_\_\_Lack of Attention \_\_\_Transition (tasks) \_\_\_Transition (settings)

\_\_\_Consequences imposed for behavior \_\_\_Difficult Task \_\_\_Other (describe)

Consequences that usually follow this behavior:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred behavior:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Strategies that have been implemented to address this behavior: (please attach data results)

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Best times to observe student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Behavioral Concerns: (check all that apply)**

\_\_\_Off Task

\_\_\_Oppositional

\_\_\_Refuses to comply with redirections

\_\_\_Strikes or hits others \_\_\_peers \_\_\_adults

\_\_\_Spits on others

\_\_\_Yells out from seat without raising hand

\_\_\_Uses profanity…Words used were:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Mocks others…An example of this behavior:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Refuses to work on assignments…Describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Instigates problems in the classroom…Example:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Moves around the classroom for no reason

\_\_\_Interrupts others when they are speaking

\_\_\_Inappropriate gestures…Example:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Does not turn in homework

\_\_\_Destroys property… Example:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Withdrawn behavior …Example:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Aggressive behavior… Example:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Self abusive behavior… Example:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Behavior log Start Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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Vision Screening Date:\_\_\_\_\_\_\_\_ Passed/ Failed

Hearing Screening Date:\_\_\_\_\_\_\_\_ Passed/Failed

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Teacher Signature Date