



## REQUEST FOR BEHAVIORAL SERVICES

Student's Name: \_\_\_\_\_ C.A. \_\_\_\_\_ DOB: \_\_\_\_\_

Student's Address: \_\_\_\_\_

NJ SID #: \_\_\_\_\_ Home Phone: \_\_\_\_\_

District of Residence: \_\_\_\_\_ School Attending: \_\_\_\_\_

Grade/Class Type: \_\_\_\_\_ Teacher: \_\_\_\_\_

Case Manager (if classified student): \_\_\_\_\_

Case Manager Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person to Schedule Services: \_\_\_\_\_

Contact Person Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Reason for Referral (provide specific concerns):

### Please attach relevant background information (check those that apply, parental consent required):

- |   |  |
|---|--|
| <input type="checkbox"/> Evaluation Plan                    | <input type="checkbox"/> Previous Behavioral Interventions/Reports |
| <input type="checkbox"/> Current IEP                        | <input type="checkbox"/> Medical Assessments                       |
| <input type="checkbox"/> Latest CST Evaluations             | <input type="checkbox"/> School-Based Intervention Plan            |
| <input type="checkbox"/> Current Behavior Intervention Plan | <input type="checkbox"/> Discipline Summary                        |

### Service(s) Requested: (Please check)

#### Behavior Consultation

- On-going assistance to staff in changing student behavior
- Initial and follow-up visits to school/classroom on regular schedule (Length of services depends upon student/staff)
- Provides written recommendations to help guide staff in responding to student behavior
- May be provided to non-classified students if recommended through I&RST or school recommendation/request
- Fee includes two to three student observations, as applicable. Additional observations will be charged at an additional hourly rate.

#### Functional Behavior Assessment

- Involves data collection, staff interviews, and observations by ESU professional staff at two to three settings (classroom, playground, specials, etc)
- Review of background and ongoing behavioral data supplied by the school district
- Results in a formal report with behavioral and instructional recommendations
- Parent Interview (optional- please check one)  YES  NO

#### Functional Behavior Assessment with Behavior Intervention Plan

- Involves data collection, staff interviews, and observations by ESU professional staff at two to three sites (classroom, playground, specials, etc)
- Review of background and ongoing behavioral data supplied by the school district
- Results in a formal report with behavioral and instructional recommendations AND a suggested Behavior Intervention Plan (BIP)
- Parent Interview (optional- please check one)  YES  NO

Do you require the ESU professional at the IEP conference at an additional hourly rate? YES  NO 

*\* Note: Out of county school districts requesting service/s will incur destination charges to/from service locations outside of Burlington County per the Professional Services Agreement.*

 \_\_\_\_\_  
**Signature of Child Study Team Director/Principal**

 \_\_\_\_\_  
**Date**