

Katy ISD

Department of Special Education

Request for Behavior Support

Please scan and email to AudreyLBivens@KatyISD.org.

STUDENT NAME:	DATE:
DOB:	GRADE/PLACEMENT:
ELIGIBILITIES:	CAMPUS:
CONTACT PERSON:	PHONE NUMBER:
LSSP SIGNATURE:	CURRENT BIP DATE:

1. List and describe classroom behavior supports currently in place for the student.	
<p style="text-align: center;">Supports</p> <input type="checkbox"/> Visual Schedule <input type="checkbox"/> Structured work environment <input type="checkbox"/> Token Chart/Scheduled Reinforcement <input type="checkbox"/> Direct Social Skills Instruction <input type="checkbox"/> With who? _____ <input type="checkbox"/> How Often? _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____	<p style="text-align: center;">Time Implemented:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
2. Operationally define behavior concern(s). (Please use objective and observable language.)	
<input type="checkbox"/> Hitting (Self/Staff/Peers) <input type="checkbox"/> Kicking (Self/Staff/Peers) <input type="checkbox"/> Biting <input type="checkbox"/> Elopement (Running away) <input type="checkbox"/> Throwing Objects <input type="checkbox"/> Screaming <input type="checkbox"/> Spitting <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____	<p style="text-align: center;">Frequency/Duration</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

3. Describe what typically precedes the target behavior (i.e. What triggers the behavior?) .
 What is the perceived function of the behavior and does function align with current
 FBA? *Attach completed copies of ABC data sheets.*

Behavior	Triggers	Perceived Function
1. _____	1. _____ _____	1. _____
2. _____	2. _____ _____	2. _____
3. _____	3. _____ _____	3. _____
4. _____	4. _____ _____	4. _____

4. Describe the typical consequence the student receives and its effectiveness.

- Removal from Class
 - Hallway: # _____ Duration: _____
 - Office :# _____ Duration: _____
 - Cool Down/Recovery: # _____ Duration: _____
- Restraint: # _____
- Other: _____
- Other: _____
- Other: _____

4. List and describe the interventions/strategies tried.

Intervention	Duration(M/D/Y)	Results obtained

5. Please attach a copy of the following and check the corresponding box:

- Current FBA

- Current BIP
- Current Behavioral Goal(s)
- Office Referrals
- Removal Log
- ABC data sheets
- Copies of Behavior Charts/Contracts
- Visual Rules
- Token Boards
- Student's Schedule

6. Dates of contact with Parent/Guardian regarding behavior:

Dates:

Person Contacted:

7. Please have your LSSP sign that they have reviewed this request. They may also give written feedback to the Behavior Specialist. This may also be done via a telephone (document conversation below) since your LSSP may only be on your campus one day a week.