

Dear Parent:

In an effort to better meet the educational needs of your child, he or she has been referred, with your permission, to Rita Philips, School Psychology Specialist for behavior consultation. Please complete the attached form to provide valuable information about your child. Mrs. Philips will collect information regarding your child from teachers and others in addition to observing your child at school. After information is gathered, your participation will be requested in a meeting to determine whether or not a behavior support plan is necessary to meet your child's needs.

It is important that your child not be made aware that someone will be observing. Mrs. Philips will be as unobtrusive as possible to minimize disruption to the normal routine.

Thank you for your assistance in this matter.

_____ I give permission for Mrs. Philips to observe.

Signature

Date

Please return the completed form to school by _____ or mail directly to:

Rita Philips
Northcentral Arkansas Education Service Center
P.O. Box 739
Melbourne, AR 72556

Behavior Information Provided by – Parent

Student _____ Birthdate _____ Grade _____ School _____

Parents' names and address: _____

____ 2 parent home (circle one: natural or step) ____ single parent home ____ grandparent ____ other
Please explain

What behavior problems occur at home? _____

When are the problem behaviors most likely to occur? _____

How do you manage the behaviors when they occur? _____

How long have these behaviors been a problem for your child? _____

Have there been any changes in your child's life recently that may be affecting your child's behavior?
(divorce, death of a relative, a move, etc.) _____

Does your child have any general health or mental health issues which affect the child's behavior?
Please explain _____

Does your child receive counseling outside of school? If yes where? _____

Please list any medications and dosage your child is taking: _____

Please list specific behaviors of concern:

1. _____

2. _____

3. _____

4. _____

5. _____

Signature _____ Date _____