

AMARILLO INDEPENDENT SCHOOL DISTRICT
 Special Education Department
REFERRAL FOR BEHAVIOR INTERVENTION SPECIALIST

Student's Name		Date	
Campus	Eligibility	DOB	Age
Teachers		Grade	Sex

ATTACH DOCUMENTATION TO BE REVIEWED (IF APPLICABLE):
Teacher/Staff Input
Student Support Team paperwork
Daily documentation from classroom teacher(s)
Current STOIC plan or Behavior Intervention Plan

Example of the observed behavior(s):	Interventions Attempted:

ADDITIONAL INFORMATION:

Referred by: _____ Title: _____

**Contact will be made within one week of received referral _____