

# AMARILLO INDEPENDENT SCHOOL DISTRICT

Special Education Department

## REFERRAL/ELIGIBILITY FOR BEHAVIOR INTERVENTION COUNSELING

|  |                  |   |  |   |  |
|--|------------------|---|--|---|--|
| <b>Student's Name</b>  |                  | <b>Campus</b>   |  |   |  |
| Address  |                  | <b>DOB</b>  |  | <b>Age</b>  |  |
| Home phone   |                  | <b>Grade</b>  |  | <b>Sex</b>  |  |
|  | Parent's Name(s) |   |  |   |  |
| <b>TIER 1 INTERVENTIONS</b>  |                  | <b>TIER 2 INTERVENTIONS</b>   |  | <b>TIER 3 INTERVENTIONS</b>   |  |
| Examples: Involvement with Campus Counselor, Positive Behavioral Interventions & Supports                            |                  | Examples: Behavior Specialist Involvement, SST Meeting/Staffing, Involvement with campus counselor with goals |  | (Tier 3 Interventions might not be in place yet)<br>Examples: Wraparound Services, Intensive Social Skills Training, Daily Monitoring, Behavior Intervention Counseling |  |
|  |                  |   |  |   |  |
|  |                  |   |  |   |  |
|  |                  |   |  |   |  |
|  |                  |   |  |   |  |
| <b>DOCUMENTATION NEEDED                      DATE COMPLETED/ R=FOR REASSESSMENT NEEDED</b>                           |                  |   |  |   |  |
| FBA or other formal teacher input  |                  | Full Individual Evaluation (FIE)        ( ) Yes ( ) No  |  |   |  |
| Classroom/Individual STOIC Model (please specify)  |                  | Beginning date of counselor involvement (with goals):   |  |   |  |
| Behavior Management Plan or Behavior Improvement Plan (BIP)  |                  | Other:  |  |   |  |
| Psychological Report ( ) from AISD ( ) from outside of AISD  |                  |   |  |   |  |
| Eligibility Report for Emotional Disturbance ( ) Yes ( ) No  |                  |   |  |   |  |
| <b>BEHAVIOR INTERVENTION SPECIALIST RECOMMENDATIONS:                      (PLEASE ATTACH BIS COMPLETED REFERRAL)</b> |                  |   |  |   |  |
|  |                  |   |  |   |  |
|  |                  |   |  |   |  |
|  |                  |   |  |   |  |
|  |                  |   |  |   |  |
|  |                  |   |  |   |  |
|  |                  |   |  |   |  |
| <b>BEHAVIOR INTERVENTIONS THAT ARE EFFECTIVE WITH THIS STUDENT</b>   |                  |   |  |   |  |
|  |                  |   |  |   |  |
|  |                  |   |  |   |  |
|  |                  |   |  |   |  |
|  |                  |   |  |   |  |

Referred by: \_\_\_\_\_ Title: \_\_\_\_\_ Received by BIC: \_\_\_\_\_ Completed by BIC: \_\_\_\_\_

**ELIGIBILITY REPORT FINDINGS:**

YES  NO    **Based on the data presented in this report, the behavior intervention counselor has determined that the student meets eligibility for counseling as a related service.**

The following goals appear to be necessary for the student to benefit from the instructional program:

- ( ) appropriate attending skills        ( ) appropriate personal/social control
- ( ) appropriate compliance skills    ( ) appropriate coping skills
- ( ) appropriate language skills       ( ) appropriate non-verbal behaviors

**If student is not eligible at this time, please note other resources considered:**

counseling w/campus counselor  referral to MHP  other \_\_\_\_\_

At anytime student can be referred back to BIC for reevaluation.

Behavior Intervention Counselor: \_\_\_\_\_ Date: \_\_\_\_\_