

# PBIS Request for Assistance Form

Student Name: \_\_\_\_\_ Referred by: \_\_\_\_\_

Date of Referral: \_\_\_\_\_ Teacher/Advisory: \_\_\_\_\_

Grade: \_\_\_\_\_ IEP: Yes or No 504 Plan: Yes or No Title: Yes or No

**1. Check the main area(s) of concern:**

Problem Behavior		Academics Affected	Student Strengths and Support System
External	Internal		
<input type="checkbox"/> Aggression/Fighting <input type="checkbox"/> Noncompliant <input type="checkbox"/> Disruptive <input type="checkbox"/> Tardy <input type="checkbox"/> Excessive Absences <input type="checkbox"/> Lack of social skills <input type="checkbox"/> Off task <input type="checkbox"/> Upset/Crying <input type="checkbox"/> Self Injury <input type="checkbox"/> Other (specify) _____ _____ _____ _____	<input type="checkbox"/> Withdrawn <input type="checkbox"/> Depressed <input type="checkbox"/> Anxiety <input type="checkbox"/> Shy/timid <input type="checkbox"/> Avoiding social situations <input type="checkbox"/> Fearful <input type="checkbox"/> Unresponsive <input type="checkbox"/> Avoiding interacting with others <input type="checkbox"/> Other (specify) _____ _____ _____ _____	<input type="checkbox"/> reading <input type="checkbox"/> math <input type="checkbox"/> writing <input type="checkbox"/> study skills <input type="checkbox"/> organization <input type="checkbox"/> other (specify) _____ _____ _____ _____	

**2. What seems to trigger the problem behavior (antecedents)?**

Activity (environmental factors, time of day)	Others involved (teachers, peers, etc.)	Frequency			
		High	3	2	Low
		4	3	2	1
		4	3	2	1
		4	3	2	1
		4	3	2	1
Is there anything that makes behavior worse?	Others involved				
		4	3	2	1
		4	3	2	1
		4	3	2	1

**3. Motivation for problem behavior:**

<b>Get/Obtain:</b> <input type="checkbox"/> Adult attention <input type="checkbox"/> Peer attention <input type="checkbox"/> Desired object <input type="checkbox"/> Desired activity	<b>Escape/Avoid:</b> <input type="checkbox"/> Adult attention <input type="checkbox"/> Peer attention <input type="checkbox"/> Work <input type="checkbox"/> Activity	<b>Provide Details:</b> _____ _____ _____ _____
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**4. Additional factors that may contribute to the problem behavior:**

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Day of the week  | <input type="checkbox"/> Home conflict         | <input type="checkbox"/> Lack of sleep      | <input type="checkbox"/> Peer conflict          |
| <input type="checkbox"/> Hunger           | <input type="checkbox"/> Recent trauma         | <input type="checkbox"/> Illness/health     | <input type="checkbox"/> Noise/distractions     |
| <input type="checkbox"/> Homelessness     | <input type="checkbox"/> Medication/changes in | <input type="checkbox"/> Overwhelmed        | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Academic failure | <input type="checkbox"/> Grief                 | <input type="checkbox"/> Conflict in school | _____   |

**5. Please provide additional information about any of the factors that may be affecting this behavior.**

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**6. Check the strategies you as a teacher have tried so far? Circle the interventions that seem to work the best.**

General Review	Modify Environmental Teaching	Teach Expected Behaviors	Interventions Attempted
<input type="checkbox"/> Review cumulative file <input type="checkbox"/> Talk with parents <input type="checkbox"/> Talk with previous teacher <input type="checkbox"/> Seek peer help <input type="checkbox"/> Classroom assessment	<input type="checkbox"/> Changed seating arrangement <input type="checkbox"/> Provide quiet space <input type="checkbox"/> Encourage work breaks <input type="checkbox"/> Change schedule of activities <input type="checkbox"/> Modify assignments <input type="checkbox"/> Encouraged parents to seek tutoring service	<input type="checkbox"/> Individual reminders of expected behavior <input type="checkbox"/> Clarified rules & expected behavior for whole class <input type="checkbox"/> Practiced expected behaviors in class <input type="checkbox"/> Contract with student	<input type="checkbox"/> Increased rewards for expected behavior <input type="checkbox"/> Phone call to parents <input type="checkbox"/> Office referral <input type="checkbox"/> Reprimand <input type="checkbox"/> Loss of privileges <input type="checkbox"/> Meeting with parents

**Team only:**

Team Meeting Date: \_\_\_\_\_

Discipline Tracker

(#of ORFS) \_\_\_\_\_ (# of minors) \_\_\_\_\_

Attendance

(# of absences) \_\_\_\_\_ (#of tardies) \_\_\_\_\_