**Classroom Behavior Concern Referral Form**

**\*PARTNER SITES ONLY\***

**Child’s Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Child’s DOB:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Site:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Teacher:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Explain your concerns and what you have tried:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**On average, how often do these behaviors happen?**

**** less than 1x/week **** 1x/week **** 3x/week **** 5x/week **** several times/day

**Give this form to your FSW or Team Leader, along with copies of any other documentation of behavior concerns so it can be forwarded to MH/Disability staff for follow up. MH/Disability staff will complete the rest of this form.**

**Additional Comments (if applicable):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Site Staff Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I would like Mental Health & Disabilities staff to assist by:**

**** Meeting with parent about services **** Meeting with both teacher and parent

**** Training me and/or other staff **** Providing a classroom observation

**** Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Have you discussed your concerns with the parent?** **** Yes **** No

**How did the parent respond?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Parent is:** **** Willing to talk to HS staff about concerns **** Not willing to talk to HS staff

TO BE COMPLETED BY MH/DISABILITY STAFF ONLY

**Date Received:** \_\_\_\_\_\_\_\_\_\_\_\_\_

**Recommendations:**

**MH/Disability Staff Signature:**