

# SWITZERLAND OF OHIO LOCAL SCHOOL DISTRICT

*The Purpose of Education at the Switzerland of Ohio Local School District is to Encourage and Nurture Learning*

## Behavior Specialist Referral Form

The Behavior Specialist is under direction of the Special Education Coordinator, and is responsible for the behavioral assessment of students, generating and implementing behavioral plans to remediate behavioral and social problems for students in general or special education programs. The Behavior Specialist is also available for consultation to school personnel and parents of these students. The role of the Behavior Specialist is to facilitate, assess, and support instructional programs for students in general and special education; provide training and work collaboratively with teachers, aides and support staffs to demonstrate best practices, strategies, and techniques to enhance instruction for students with social, communication, behavioral and learning challenges; provide preventative classroom lessons which include but not limited to problem solving, developing social skills, etc; and do other related work as required. The Behavior Specialist will help to design behavior intervention, as deemed necessary.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ Teacher: \_\_\_\_\_

Does the student have a Behavior Intervention Plan? \_\_\_\_\_

Does the student have an IEP or 504 plan? \_\_\_\_\_ Extra supports? \_\_\_\_\_

Prior to submitting this form, have you completed proactive strategies?

1. Changed the student's environment. (added visuals, non-verbal prompts, reduced visual clutter)
2. Increased reinforcement of desired behaviors.
3. Taught functional alternative behaviors.
4. Implemented a reinforcement program of any kind. (Whole class or individual, positive or negative).

Please describe any/all proactive strategies used, for what period of time, and how the student responded to them.

Please attach any data you have collected including behavioral data, change in attendance, change in grades, and/or other information you feel is important to share.

304 MILL STREET • WOODSFIELD, OH 43793 • PHONE: 740-472-5801 • FAX: 740-472-5806

ROB CALDWELL, Superintendent • CONNIE KRESS, Treasurer • JENNIFER BOHACH, Chief Academic Officer  
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## Behavior Checklist:

- |  |  |
|--|--|
| <input type="checkbox"/> Easily frustrated         | <input type="checkbox"/> Reluctant to speak in class           |
| <input type="checkbox"/> Destructive               | <input type="checkbox"/> Easily fatigues                       |
| <input type="checkbox"/> Fights; aggressive        | <input type="checkbox"/> Physically active/impulsive           |
| <input type="checkbox"/> Fearful; anxious          | <input type="checkbox"/> Inappropriate remarks                 |
| <input type="checkbox"/> Appears unhappy           | <input type="checkbox"/> Needs frequent reassurance            |
| <input type="checkbox"/> Appears to dislike school | <input type="checkbox"/> Needs frequent redirects              |
| <input type="checkbox"/> Not accepted by peers     | <input type="checkbox"/> Inappropriate reaction to performance |
| <input type="checkbox"/> Distractible              | <input type="checkbox"/> Excessive absences                    |
| <input type="checkbox"/> Defiant                   | <input type="checkbox"/> Argumentative                         |

## Academic Checklist: Check only if item is of major concern

- |  |  |
|--|--|
| <input type="checkbox"/> Decline in quality of work      | <input type="checkbox"/> Does not turn in assignments            |
| <input type="checkbox"/> Does not come to class prepared | <input type="checkbox"/> Unable to complete multiple assignments |
| <input type="checkbox"/> Does not work independently     | <input type="checkbox"/> Slow to finish work                     |
| <input type="checkbox"/> Does not complete assignments   |  |

## Environmental Factors:

- |   |   |
|---|---|
| <input type="checkbox"/> Recent birth in family           | <input type="checkbox"/> Recent death in family |
| <input type="checkbox"/> Recent change in family dynamics | <input type="checkbox"/> Other                  |

Briefly state the reason for referral:

Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Send referral to: Kyle Burkhart, BCBA - Behavior Specialist

[Kyle.burkhart@omeres.net](mailto:Kyle.burkhart@omeres.net)

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

Behavior Specialist: \_\_\_\_\_