

V. **Behavior:**

Functional Behavior Analysis: Please attach copy.

Date of Behavior Plan : _____ Please attach copy.

VI. **Academics:**

<u>Subject</u>	<u>Functioning Level</u>	<u>Curriculum & Materials</u>
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Math

Reading

List academic areas of interest and/or strength:

<u>Subject</u>	<u>Curriculum & Materials</u>
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1.

2.

Vocational interest area:

Have the following persons had input into the request for services/possible change of status?

Please check all involved in initiating referral:

- | | |
|--|---|
| <input type="checkbox"/> Special Education Teacher | <input type="checkbox"/> Teacher Consultant |
| <input type="checkbox"/> School Social Worker | <input type="checkbox"/> Principal |
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Parent |
| <input type="checkbox"/> School Psychologist | |

Parents informed of possible change of status? Yes No

Other relevant comments:

VII. **Signatures:**

Special Education Teacher : _____ Date: _____

Referring Person: _____ Date: _____

Special Education Coordinator: _____ Date: _____

Must Be Attached For Consideration:

- Psychological Report
- Social Worker Report
- MET Form
- Current IEP and Previous IEP(s)
- Current Functional Behavior Analysis
- Current Behavior Plan