

**NORTH PLATTE PUBLIC SCHOOLS – STUDENT SERVICES DEPARTMENT**

**301 W. “F” STREET, NORTH PLATTE, NE 69101 (308) 535-7100**

**Program Review Committee/Alternative Classroom Referral**

**STUDENT** \_\_\_\_\_ **DOB** \_\_\_\_\_ **AGE** \_\_\_\_\_

**ATTENDING SCHOOL** \_\_\_\_\_ **GRADE** \_\_\_\_\_ **REFERRAL DATE** \_\_\_\_\_

**MOST RECENT VERIFICATION DATE** \_\_\_\_\_ **STUDENT’S VERIFIED DISABILITY** \_\_\_\_\_

**STUDENT’S CURRENT PROGRAM** \_\_\_\_\_ **TEACHERS (General/Special Education)** \_\_\_\_\_

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**Reason for Referral**

**Describe behaviors of concern:**

**How often do these behaviors occur?**

**In what settings do these behaviors occur most often?**

**What are the events that occur immediately before these behaviors?**

**What happens after these behaviors occur?**

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**Interventions**

**Describe strategies and interventions that have been used to address behaviors of concern:**

**What has worked to decrease the frequency and/or intensity of problematic behavior?**

**What has not been effective in changing the student's behavior?**

**Students Attributes**

**Describe this student's strengths:**

**What interests/talents does this child possess?**

**How are the student's strengths, interests and talents encouraged?**

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**Parent Involvement**

**Describe how this student's parents have been involved in addressing the behavior concerns:**

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**Team Member Signatures**

**\*\*\*Parent signature is required in order for our staff to observe.**

<b>Name:</b>	<b>Position:</b>	<b>Date:</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**School Contact:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Parent:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Comments:**

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**\*Please attach the following documents:**

**IEP complete with behavior goals and intervention plan**

**Student's Daily Schedule**

**FBA/Behavior Intervention Plan**

**MDT/Psych report(s)**

**Classroom grades/attendance**

**Lists of student's medications**

**List of community agencies involved with student**

**Results of District and Individual Assessment**

