**TTSD Request for Assistance Form**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Student Name: | | | Date: | | | |
| Teacher: | | | Grade: | | | |
|  | | | | | | |
| Student Strengths: | | | | | | |
| Primary area(s) of concern: | | | | | | |
| ***How is this student performing compared to others in your class (use checkmarks)?*** | | | | | | |
|  | Reading | Math | | Writing | Language | Behavior |
| Below |  |  | |  |  |  |
| Average |  |  | |  |  |  |
| Above |  |  | |  |  |  |

**Please fully describe the behaviors of concern:**

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| **What does the problem behavior look like (what would an observer see/hear)?** |
| **How often does the problem behavior occur? How long does it last?** |
| **What is the intensity level/danger of the problem behavior?** |
| **Why do you think the behavior continues to occur (i.e., what does the student “get out of this” behavior)?** |

**DAILY SCHEDULE: Where & When Problem Behaviors are Most Likely**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Time** | **Activity & Staff Involved** | **Likelihood of Problem Behavior (low to high)** | | **Specific Problem Behavior** | | **How does the adult currently respond?** |
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|  |  | 1 2 3 4 5 6 | |  | |  |
| **What strategies have you tried already?** | | | **Time-frame/Frequency?** | | **How did the student respond?** | |
|  | | |  | |  | |
|  | | |  | |  | |
|  | | |  | |  | |
| **Positive rewards used:** | | | | | | |
| \_\_ Classroom reward program: tokens/group contingencies  \_\_ 4 to 1 positives  \_\_ Reinforce around target students | | | | \_\_ Reward Tickets *How frequent? \_\_\_\_\_\_\_*  \_\_ Systematic feedback about behavior  \_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Consequence strategies used:** | | | | | | |
| \_\_ Reprimands  \_\_ Removal of privileges  \_\_ Time outs  \_\_ Owed time  \_\_ Apology | | | | \_\_ Individual meeting with student  \_\_ Contact parent *How many calls? \_\_\_\_*  \_\_ Meeting with parent *How many? \_\_\_\_\_*  \_\_ Office referrals *How many? \_\_\_\_*  \_\_\_Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **How do you want the team to support you?** | | | | | | |

**SPECIALIST TEAM RESPONSE TO REQUEST FOR ASSISTANCE FORM**

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| Student Name: | Date: | |
| Teacher: | Grade: | |
|  | | |
| Student Strengths: | | |
| Primary area(s) of concern: | | |
| **Next Step/Follow Up** | **Who’s Responsible** | **By When** |
|  |  |  |
|  |  |  |
|  |  |  |
| **Intervention Response Tracking** | **Date Started/ Ended** | **Outcome Data** |
| **1.** |  |  |
| **2.** |  |  |
| **3.** |  |  |
| **4.** |  |  |