**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:**

|  |
| --- |
| **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?** |
|  |  | 1 2 3 4 5 6 |    |  |
|  |  | 1 2 3 4 5 6 |  |  |
|  |  | 1 2 3 4 5 6 |    |  |
|  |  | 1 2 3 4 5 6 |    |  |
|  |  | 1 2 3 4 5 6 |    |  |
|  |  | 1 2 3 4 5 6 |      |  |
|  |  | 1 2 3 4 5 6 |  |  |
|  |  | 1 2 3 4 5 6 |    |  |
|  |  | 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.**  |  |  |