

Gallaher Elementary CRPBS – Tier 2 Referral Form by Teachers/Staff

Name of Referring Teacher: _____

Name of Student: _____

Student's strengths / assets: _____

Short Description of target behavior: _____

What strategies have already been attempted to target the behavior? _____

Possible Functions of the Target Behavior	
<input type="checkbox"/> Obtain Adult Attention	<input type="checkbox"/> Avoid Adult Attention
<input type="checkbox"/> Obtain Peer Attention	<input type="checkbox"/> Avoid Peer Attention
<input type="checkbox"/> Obtain Tangible Item / Activity	<input type="checkbox"/> Avoid Tangible Item / Activity
<input type="checkbox"/> Obtain Sensory / Stimulating Experience	<input type="checkbox"/> Avoid Sensory / Stimulating Experience

-----To be completed by Tier 2 Representative-----

Is this a...	
Relationship-Building Need?	Skill-Building Need?
<ul style="list-style-type: none"> • CICO • Mentoring • Scheduled Break Card 	<ul style="list-style-type: none"> • Social Skills Group • PAWS Point Card w/ reinforcement menu

**** Circle interventions assigned****

Date Received by Tier 2 Rep: _____

Date interventions to begin: _____

Date to follow up with Tier 2 Team: _____