

SCOTT COUNTY

== SCHOOL DISTRICT ==

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Office of Special Education

Student Name:	School:
Teacher/Team:	Grade:
Parent/Guardian:	Date:

- 1.) Are there any behavioral concerns at home? If so, please describe the behaviors.

- 2.) Why do you think the behavior(s) are occurring?

- 3.) How often does the behavior(s) occur at home? Please circle best estimate.
Never 25% of the time 50% of the time 75% of the time Always

- 4.) Have you had any communication with the teacher or administration that this behavior is occurring at school?

- 5.) What caused the behavior to occur? What was happening prior to the behavior that could have been a trigger? Was there any kind of warning?

- 6.) How intense was the behavior? Circle one.
Mild Moderate Severe

- 7.) What are the consequences of the behavior? Are they effective?

- 8.) Does your child enjoy going to school? Why or why not?

- 9.) Do you have any other concerns regarding your child?