

Zumbro Education District

Behavior Assistance Team (BAT) Referral

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Behavior Team Referral

PART 1 Background and Preference Assessment

1. Child and Team Information

Child's Name: _____ Parent/Guardian/s Name(s): _____ _____ Address: _____ _____ Phone: _____ Is there consent? YES NO Date signed: _____	DOB: _____ Class/Program Type: <input type="checkbox"/> ECFE <input type="checkbox"/> ECSE <input type="checkbox"/> 0 – 3 <input type="checkbox"/> Kindergarten <input type="checkbox"/> Child care <input type="checkbox"/> Head Start Name: _____ Phone #: _____ Other: _____	IEP Case Manager: _____ BAT Contact (to be completed by team): _____ Class/Program Location: <input type="checkbox"/> Blooming Prairie <input type="checkbox"/> Byron <input type="checkbox"/> Hayfield <input type="checkbox"/> KM <input type="checkbox"/> Pine Island <input type="checkbox"/> Stewartville <input type="checkbox"/> Triton <input type="checkbox"/> Other:		
2. Child's Functional Skills Levels	Broad average	Mildly delayed	Signifi- cantly Delayed	Notes
Cognitive Functioning				
Expressive Language				
Receptive Language				
Social Skills				
Gross Motor Skills				
Self-help Skills				
Fine Motor Skills				
3. List other agencies involved:				

4. Briefly describe the student

Use the space to note specific information about the child.

Diagnosis/Disability	Medical concerns/medications	Strengths	Other Skills/Traits

5. Parent Information

Use the space to note specific information about the child from the child's parent(s)

Strengths	Concerns	Child's Preferred Activities	Other Skills/Traits

Background Information (e.g., pertinent family circumstances, stressors, routines, etc.):

PART 2 Describe the Challenging Behavior

1. Describing and Defining the Primary Challenging Behavior

What challenging behavior do you want to STOP? _____


(Try to use a verb to describe this behavior, such as tantrumming, whining, aggressing, pouting, hiding, complaining, etc.).

Rank order the most severe behavior

1.

2.

3.

What does this challenging behavior look like?  <i>Specifically describe the behavior in detail</i>	Antecedent Events <i>what happens right before the behavior</i>		Frequency <i>About how often does this happen?</i>	Duration <i>How long does the behavior typically last each time it occurs?</i>	Intensity <i>On a scale of 1-5 with 5 being the most intense, how would you rate the intensity of this behavior?</i>
	Most likely to occur	Least likely to occur			
			___ Times/week ___ Times/day ___ Times/ hour Comments:	___ Hours ___ Minutes ___ Seconds Comments:	1 2 3 4 5 Comments:
			___ Times/week ___ Times/day ___ Times/ hour Comments:	___ Hours ___ Minutes ___ Seconds Comments:	1 2 3 4 5 Comments:
			___ Times/week ___ Times/day ___ Times/ hour Comments:	___ Hours ___ Minutes ___ Seconds Comments:	1 2 3 4 5 Comments:

PART 3: Previous behavioral interventions/strategies tried and outcomes

Challenging Behavior	Intervention/Strategy tried	How long implemented	Outcome
1.			
2.			
3.			

Describe the child's daily schedule: _____

When is the best day and time to observe:

What is your preferred mode of contact:
Phone Email Face -to-face meeting

