

Intensive PBS

Request for Assistance

Student: _____ Grade: _____ Teacher: _____ Date: ____/____/____

Type of Concern: Academic Social behavior

1. What is the Problem? (Check all that apply.)

- | | | | |
|-------------------------------------------------|---------------------------------------------------------|----------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Academic performance | <input type="checkbox"/> Work completion | <input type="checkbox"/> Noncompliance | <input type="checkbox"/> Verbal defiance |
| <input type="checkbox"/> Inappropriate language | <input type="checkbox"/> Disruptive/talking out of turn | <input type="checkbox"/> Fighting/aggression | <input type="checkbox"/> Self-injury |
| <input type="checkbox"/> Withdrawn | <input type="checkbox"/> Tardy/truant | <input type="checkbox"/> Other _____ | |

2. Please fill out the student's schedule:

Time	Subject/Activity	Teacher	What problem?	How Likely?			
				Low			High
				1	2	3	4
				1	2	3	4
				1	2	3	4
				1	2	3	4
				1	2	3	4
				1	2	3	4
				1	2	3	4
	Transitions (from what to what?)			1	2	3	4

(More questions on back.)

3. If the problem includes academic concerns, what are the most recent relevant scores, data, etc? (e.g., oral reading fluency scores, scores on quizzes, homework scores)

4. If the problem includes behavior concerns, the single most important behavior of concern is _____.

5. What do you think might be motivating the behavior?

Get/Obtain

Escape/Avoid

____ Adult attention	____ Adult attention
____ Peer attention	____ Peer attention
____ Preferred activity or item	____ Activity
	____ Work

6. What strategies have been tried to solve the problem and how effective was this?
