

## **STEP:** **Success Through Early Prevention**

### **Referral Packet for Individual Student Consultation**

*Classroom teachers or school teams may request a student referral for assistance in completing a comprehensive student functional behavioral assessment, developing and implementing an individualized behavior plan and receiving on-going consultation in problem-solving.*

#### **A referral request for Individual Student Consultation is appropriate when:**

- A student is identified as having social, emotional, behavioral or mental health issues.
- The teacher and/or pupil support staff have documentation of some classroom interventions.
- The student's presenting behaviors persistently interfere with classroom instruction, and are becoming increasingly frequent, intensive, dangerous or complex.
- *The student has been referred to the SBIT Behavior Team and documentation shows interventions have not been effective.*

Contact Community Services, Inc.  
6311 Court Street Road  
East Syracuse, NY 13057  
[www.contactsyracuse.org](http://www.contactsyracuse.org)

Susan VanCamp  
[svancamp@contactsyracuse.org](mailto:svancamp@contactsyracuse.org)  
315-251-1400  
315-251-2218 (fax)

## What to expect

Our individual student consultation is a collaborative process with teachers, school team and parents.

A classroom teacher or member of the school team may initiate the consultation process by completing the **Basic Background Information** form. The form will ask for documentation of disciplinary actions by the school. If you have questions about the form, please call for assistance. (Susan VanCamp, 315-251-1400 x 122).

After we receive the Basic Background Information form, we will assign a behavioral specialist. The behavioral specialist will help you complete supplemental forms, if necessary, and arrange for a student observation and initial meeting to discuss the observation with the school team.

The behavioral specialist will arrange for more observations, complete a Functional Behavioral Assessment (FBA) and work with the team to develop a Behavioral Intervention Plan (BIP). The team will decide who is responsible for each task on the BIP.

The Contact behavioral specialist will conduct weekly check-ins to observe responsiveness, appropriateness of the plan, and implementation integrity. The team will hold regular meetings to review progress.

When behavior and plan responsiveness stabilize, the team will create a plan to fade out supports. The team will continue to monitor behavior to find the minimum support needed to maintain behavior change. Case closure will be decided upon by the team and should occur within 12-20 weeks whenever possible.

**Please note:** In some instances, high need 4<sup>th</sup> or 5<sup>th</sup> graders may be referred to an alternative classroom.

**Instructions for  
STEP Individual Student Consultation Referral Packet**

**To initiate a referral, please follow these instructions:**

**Step 1.**

***Required to initiate referral:*** Classroom teacher (grades K - 6th) and the school team must complete and submit this form to initiate a referral.

- Basic Background Information** (p. 4-7)

The Background Information form will ask for these items:

- Behavior Intervention Plan (i.e. point sheets, sticker charts, etc.), including any existing assessment, responsiveness, and integrity data
- Discipline referrals
- SBIT-Classic referral, case summaries, and data, if applicable/available
- SBIT-B referral, case summaries, and data, if applicable/available
- Psycho-educational and related services testing, if applicable/available
- Parent Consent for FBA (p.7)

**Step 2.**

***Supplemental forms:*** The following forms are *not* mandatory for *initiating* a referral. You may complete and submit them with the Basic Background Information, or if you prefer, a behavioral specialist will contact the school later.

- Social Worker Case Summary Form (p.8)
- School Psychologist Case Summary Form (p.9)
- Teacher Case Summary Form (p.10)
- Motivational Assessment Scale (p. 11-12)
- FBA Parent Interview Form (p.13-15)

**Please mail or fax completed form(s) to:**

**Susan VanCamp, Director School Services  
Contact Community Services, Inc.  
6311 Court Street Road, E. Syracuse, NY 13057**

**Fax: 315-251-2218**

**The completed STEP Referral should not be placed in a student's cumulative folder, and should be considered confidential information stored within an appropriately designated area.**

# Basic Background Information

**Required form to initiate referral**

STEP Program: *K-6 Referral*

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## School Information

Referring School: \_\_\_\_\_ Person Making Referral: \_\_\_\_\_

School Contact Person: \_\_\_\_\_ Contact's Phone: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_ Classroom Number: \_\_\_\_\_

School staff to be included in any communications from STEP: \_\_\_\_\_

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## Student Information

Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Dominant Language: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Has this referral been discussed with the parent/guardian? \_\_\_\_\_ By whom? \_\_\_\_\_

Attendance: Present \_\_\_\_\_ out of \_\_\_\_\_ school days

Number of days in ISS: \_\_\_\_\_ Number of days in OSS: \_\_\_\_\_

List student strengths and/or talents:

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Please identify the main concerns leading to the referral:

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Please provide academic information including relevant data (e.g., AIMS web scores)

Reading level: \_\_\_\_\_

Math level: \_\_\_\_\_

Has the student been referred to SBIT-Classic?

- Yes (attach SBIT referral, meeting summaries, and data)  
 No

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### Current Student Supports

List student supports currently in place (e.g., counseling, Check-In/Check-Out, skill-building), indicating start date, frequency, and duration of sessions, if applicable:

Support	Start Date	Frequency	Duration (minutes/session, if applicable)

Has the student been referred to SBIT-B?

- Yes (*please attach SBIT referral, meeting summaries, and data*)  
 No (Why not? \_\_\_\_\_)

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### \*Attach current Student Behavior Intervention Plan\*

When was the plan developed? \_\_\_\_\_ By whom? \_\_\_\_\_

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What was the start date of plan implementation? \_\_\_\_\_

How many days/sessions has the plan been implemented: \_\_\_\_\_

***Please attach any existing behavioral assessment, progress monitoring, and integrity data***

How has the student responded to the behavior plan? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NEXT STEPS...What are the current concerns?**

Identify the top 2 behavioral concerns in observable terms (i.e., behaviors to be targeted by further intervention and problem-solving):

1. \_\_\_\_\_

\_\_\_\_\_

How often is it occurring? \_\_\_\_\_ Where is it occurring? \_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

How often is it occurring? \_\_\_\_\_ Where is it occurring? \_\_\_\_\_

Please outline the student's daily schedule, **circling** the best times and locations to observe:

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**Please mail or fax completed form(s) to:  
Susan VanCamp, Director School Services  
Contact Community Services, Inc.  
6312 Court Street Road, E. Syracuse, NY 13057**

**Fax: 315-251-2218**

## Functional Behavioral Assessment Consent Form – STEP Program

Dear Parent/Guardian,

As a way to best serve your child, \_\_\_\_\_, we would like to utilize the services of STEP, a behavioral intervention program. STEP, a partnership between the Syracuse City School District and Contact Community Services, provides assistance to school teachers and staff in meeting the social-emotional-behavioral needs of students. As part of the process, a functional behavior assessment (FBA) will be conducted. A functional behavior assessment is the process of

- Identifying behaviors(s) which negatively impact school performance
- Identifying environmental events which impact these behavior(s)
- Determining the cause/function of the behavior(s)
- Outlining the necessary changes needed to be made by the school, teacher, student, and parent/guardian in order to allow the student to successfully access the general curriculum.

An FBA may include, but is not limited to, the following components:

- Interviews completed by the student (if applicable), teacher(s), and parent(s)/guardian(s) regarding the student's behavior.
- Information gathering tools (e.g., cumulative file review, teacher and parent rating scales, and student self-assessment)
- Observations of student behavior in school settings
- Data collection on student behavior
- Interventions to address student behavior, which focus on decreasing negative behavior and teaching new, appropriate replacement behaviors
- Ongoing data collection to evaluate intervention effectiveness
- Safety or crisis plan, if necessary

You will be involved in this process, acting as a team member to discuss how to best support your child in the school setting, and be kept aware of your child's response to designed plans. We greatly appreciate your involvement in this plan during each step in the process. If you have any questions regarding this process please call \_\_\_\_\_ at \_\_\_\_\_.

Please sign below to indicate whether or not you give consent to conduct a functional behavior assessment (FBA).

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I give consent for my child, \_\_\_\_\_, to participate in an FBA.

I do not give consent for my child, \_\_\_\_\_, to participate in an FBA.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### Social Worker Case Summary

Name of Social Worker completing this form: \_\_\_\_\_

Date: \_\_\_\_\_ Phone number: \_\_\_\_\_

Please describe your level of involvement with the student and his/her family (e.g., lunch groups, social skills training, crisis intervention, communication/meetings with parents, and/or SBIT):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Does the student and/or family receive any mental health services? If yes, please list providers and frequency, if known:

\_\_\_\_\_  
\_\_\_\_\_

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Have the student and family been receptive to mental health services or the suggestion of receiving such services? \_\_\_\_\_

\_\_\_\_\_

Who currently lives in the student's home? Please provide any relevant information regarding family dynamics.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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I, \_\_\_\_\_, agree with the need for behavioral consultation from the STEP Team to assist in supporting this student within the classroom. I also agree to be a participant in this consultative process.

\_\_\_\_\_  
(PRINT NAME)

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(DATE)



### School Psychologist Case Summary

Name of School Psychologist completing this form: \_\_\_\_\_

Date: \_\_\_\_\_ Phone number: \_\_\_\_\_

Please describe your level of involvement with the student and his/her family (e.g., social skills training, crisis intervention, communication/meetings with parents, evaluation, and/or SBIT):

\_\_\_\_\_  
\_\_\_\_\_

Please describe your level of involvement with developing and implementing the student's behavior plan:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has an academic screening or full psycho-educational evaluation been completed on the student? If yes, please attach reports. \_\_\_\_\_

To your knowledge, are there any academic difficulties that should be considered when problem-solving for this student? \_\_\_\_\_

Additional information to be considered: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, agree with the need for behavioral consultation from the STEP Team to assist in supporting this student within the classroom. I also agree to be a participant in this consultative process.

\_\_\_\_\_  
(PRINT NAME)

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(DATE)

### Teacher Case Summary

Name of Teacher completing this form: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Identify the top 1-2 behavioral concerns for this student:

1. \_\_\_\_\_  
\_\_\_\_\_

How often is it occurring? \_\_\_\_\_ Where is it occurring? \_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

How often is it occurring? \_\_\_\_\_ Where is it occurring? \_\_\_\_\_

Have you spoken with the student's parent(s)/guardian(s) about your concerns? \_\_\_\_\_

Method of communication: \_\_\_\_ note(s) home \_\_\_\_ call(s) home \_\_\_\_ meeting(s)

Please include any other relevant information regarding this student (e.g., functioning in classroom/school, family communication, etc.):

\_\_\_\_\_  
\_\_\_\_\_

Please summarize your current class-wide behavior management system:

**\*In addition, please complete the Motivational Assessment Scale for this student.**

I, \_\_\_\_\_, agree with the need for behavioral consultation from the STEP Team to assist in supporting this student within the classroom. I also agree to be a participant in this consultative process.

\_\_\_\_\_  
(PRINT NAME)

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(DATE)

## Motivation Assessment Scale

1986 V. Mark Durand, Ph.D.

Student Name: \_\_\_\_\_ Name of Rater: \_\_\_\_\_

Date of Completion: \_\_\_\_\_

Description of Behavior of Concern:

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Instructions: The Motivation Assessment Scale is a questionnaire designed to identify those situations in which an individual is likely to behavior in certain ways. From this information, more informed decisions can be made concerning the selection of appropriate reinforcers and treatments. To complete the MAS, select one behavior that is of particular interest. It is important that you identify the behavior very specifically. "Aggressive", for example, is not as good a description as "hits his sister". Once you have specified the behavior to be rated, read each question carefully and circle the one number that best describes your observations of this behavior. ....

0=Never, 1=Almost Never, 2=Seldom, 3=Half the Time, 4=Usually,

5=Almost Always, 6=Always

Questions	Answers
1. Would the behavior occur continuously, over and over, if this person were left alone for long periods of time? (For example, several hours)	0 1 2 3 4 5 6
2. Does the behavior occur following a request to perform a difficult task?	0 1 2 3 4 5 6
3. Does the behavior seem to occur in response to you talking to other persons in the room?	0 1 2 3 4 5 6
4. Does the behavior ever occur to get a toy, food, or activity that this person has been told that he or she can't have?	0 1 2 3 4 5 6
5. Would the behavior occur repeatedly, in the same way, for very long periods of time, if no one were around? (For example, rocking back and forth for over an hour.)	0 1 2 3 4 5 6
6. Does the behavior occur when any request is made of this person?	0 1 2 3 4 5 6

7. Does the behavior occur whenever you stop attending to this person?	0 1 2 3 4 5 6
8. Does the behavior occur when you take away a favorite toy, food, or activity?	0 1 2 3 4 5 6
9. Does it appear to you that this person enjoys performing the behavior? (It feels, tastes, looks, smells, and/or sounds pleasing.)	0 1 2 3 4 5 6
10. Does this person seem to do the behavior to upset or annoy you when you are trying to get him or her to do what you ask?	0 1 2 3 4 5 6
11. Does this person seem to do the behavior to upset or annoy you when you are not paying attention to him or her? (For example, if you are sitting in a separate room, interacting with another person.)	0 1 2 3 4 5 6
12. Does the behavior stop occurring shortly after you give this person the toy, food, or activity he or she has requested?	0 1 2 3 4 5 6
13. When the behavior is occurring, does this person seem calm and unaware of anything else going on around him or her?	0 1 2 3 4 5 6
14. Does the behavior stop occurring shortly after (one to five minutes) you stop working or making demands of this person?	0 1 2 3 4 5 6
15. Does this person seem to do the behavior to get you to spend some time with him or her?	0 1 2 3 4 5 6
16. Does the behavior seem to occur when this person has been told that he or she can't do something he or she had wanted to do?	0 1 2 3 4 5 6

**FBA PARENT INTERVIEW FORM (modified SCSD form)**

Student: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Respondent(s): \_\_\_\_\_ Interviewer: \_\_\_\_\_ Date: \_\_\_\_\_

*Check type of parent contact:*      phone interview \_\_\_\_\_      in-person meeting \_\_\_\_\_

1. What are your child’s strengths? \_\_\_\_\_

\_\_\_\_\_

2. What are your child’s interests? \_\_\_\_\_

\_\_\_\_\_

3. How does your child feel about school? \_\_\_\_\_

\_\_\_\_\_

4. How do you feel about your child’s school and teacher in relation to academic and behavioral supports, as well as communication? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Are there specific behavior problems at home? If so, please describe top one to two concerns.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

a. How often does the behavior occur?

b. How long does the behavior last?

c. What is happening when the behavior occurs?

d. When and where is the behavior most likely to occur?
e. When and where is the behavior least likely to occur?
f. With whom is the behavior most likely to occur?
g. With whom is the behavior least likely to occur?
h. What conditions are most likely to set-off the behavior?
i. How can you tell the behavior is about to start?
j. Do any of the following conditions affect the behavior? <i>Please check</i>
being ignored _____ difficult task _____ stern reprimand _____
change in routine _____ disruption of favorite activity _____ new environment _____
k. What usually happens after the behavior?
l. Why do you think he/she behaves this way?
m. How do you deal/respond to the problem?

6. Is your child currently taking any medications?

*Names and dosages:* \_\_\_\_\_

\_\_\_\_\_

7. Has your child ever had a comprehensive medical and/or psychiatric evaluation leading to specific diagnoses of significant medical and/or psychological conditions? *Please forward to school.*

*Diagnoses:* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

8. Are there any community agencies involved? *Please list name of agency and personnel.*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

9. Have there been any recent significant changes within the family? *Please describe:* \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

***To be completed by interviewer:***

I certify that this interview was completed with \_\_\_\_\_, the parent/guardian  
 (name of respondent)

of \_\_\_\_\_, on \_\_\_\_\_. I explained the nature of the referral for  
 (child) (date)

assistance from support services outside of the \_\_\_\_\_ school setting (STEP). I obtained  
 (name of child's school)

a consent from the parent/guardian to complete a Functional Behavioral Assessment, if one is deemed necessary.

\_\_\_\_\_  
 (Print Name – Interviewer)

\_\_\_\_\_  
 (Signature – Interviewer)

\_\_\_\_\_  
 (Date)

**The completed Parent Interview should not be placed in a student's cumulative folder, and should be considered confidential information stored within an appropriately designated area.**