**Program Review Request**

Northwest Regional ESD

Early Intervention/ Early Childhood Special Education

*This form is to be used when requesting assistance from specialists in observing classroom structure, intervention strategies and behavior management. If evaluations are required (e.g., formal observations, functional behavior assessment, eligibility considerations, etc.) a Prior Notice of Evaluation will be requested.*

|  |  |  |  |
| --- | --- | --- | --- |
| Child: |  | Site: |  |
| Date of Birth: |  | Class Days/Times: |  |
| Date of Referral: |  | Teacher: |  |
| Parent(s): |  | Service Coordinator: |  |
| Home Phone: |  | Current Eligibility: |  |
| Address: |  | | |
| Classroom Team’s regular staffing time: | |  | |

**Purpose of Request (Nursing, Behavior Specialist, Autism Specialist):**

\_\_\_\_\_\_\_ Date parent was informed of referral and purpose

1. **List IFSP goals for which the student is not making sufficient progress:**
2. **Please describe any behavioral concerns in observable terms by detailing the antecedent, specific behavior and consequence. (If there are no behavioral concerns, please go to number 5)**

|  |  |  |  |
| --- | --- | --- | --- |
| Antecedent:  What happens before the behavior (e.g., child sees classmate with a preferred toy) | Behavior:  What child does (e.g., child hits classmate and takes the toy) | Consequence:  What happens after behavior (e.g., child and adult reactions and outcomes) | Function:  (avoidance, gain attention, to obtain something, sensory need, unknown, other) |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |

1. **Indicate the times of the day that the behavior is most likely to occur:**

Arrival

Small group

Bathroom

Departure

Classroom jobs

Large group

Transitions

Circle

Snack/lunch

Clean up

Centers/free play

Gross motor time

One to one activity

Other (describe)

1. **Please describe the identified replacement skill to be taught that matches the function of the behavior (example: the child is being taught to say “no, thank you” to replace hitting when asked to do a non-preferred task):**
2. **List the child’s strengths and motivators**
3. **Describe the child’s participation (or anticipated needs) in the following:**

|  |  |
| --- | --- |
| Small Group: |  |
| Large Group: |  |
| Free Choice: |  |
| Transitions: |  |

1. **Describe specific teaching strategies that have been used and how the child responded:**
2. **Describe the parent’s concerns and any other relevant information that may be impacting progress towards goals:**

Date form completed:

Date of scheduled staffing meeting: