

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

Referring School: \_\_\_\_\_

Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

ESE: Y/N Title I: Y/N FRL: Y/N ESOL: Y/N

	Circle 1	Circle 1	Circle all that apply/add points for rating	Circle all that apply/add points for rating	Circle all that apply/add points for rating	Circle 1	
Points	Number of Referrals	Frequency of Referrals	Intensity of Behavior	# of Settings in which Behavior Occurs *	Interventions Attempted	Response to Intervention(s)	
1	0-4	One per week	Classroom Violations	Playground/PE	Classroom Interventions	Behaviors Ceased	Add total from each column for total ↓
2	5-9	2 or more per week	Bullying, name calling	Cafeteria	Parent Contact	Behaviors decreased	
3	10 -15	One per day	Disrespect to staff	Transition	Loss of Privileges	No Effect	
4	16 or more	2 or more per day	Fighting, Aggression	Classroom	Discipline referral, removal from class	Behaviors increased	
Rating							

**Automatic Placement in SOS or Expulsion**

- Possession of Drugs on Campus
- Aggression with Serious Bodily Injury
- Physical Assault on Staff