



SPECIAL EDUCATION ASSOCIATION OF PEORIA COUNTY

4812 W Pfeiffer Rd., Bartonville, IL. 61607

Ph: 309-697-0880 Fax: 309-697-0884

**REQUEST FOR CONSULTATION**

Student: First: \_\_\_\_\_ MI \_\_\_\_\_ Last: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

Current Program:  General Education  RtI Team Referral  Special Education Current Eligibility/Category: \_\_\_\_\_

Teacher(s): \_\_\_\_\_ Best Time to Contact Teacher: \_\_\_\_\_

Resident District #: \_\_\_\_\_ Serving District #: \_\_\_\_\_ School of Attendance: \_\_\_\_\_

School Phone #: \_\_\_\_\_ Teacher(s) Email: \_\_\_\_\_

**\*\*PLEASE ATTACH STUDENT AND TEACHER DAILY SCHEDULE\*\***

**CONSULTATION REQUESTED:**

- |   |  |
|---|--|
| <input type="checkbox"/> Behavior/learning                        | <input type="checkbox"/> PT  |
| <input type="checkbox"/> Social Worker                            | <input type="checkbox"/> Hearing (Hearing report attached)                     |
| <input type="checkbox"/> OT (sensory or fine motor)<br>Adapted PE | <input type="checkbox"/> Vision (Attach Form 809 & Ocular Report if available) |

**CHECK AREAS OF CONCERN RELATED TO THIS REQUEST**

Learning	<input type="checkbox"/> Reading <input type="checkbox"/> Math <input type="checkbox"/> Spelling	<input type="checkbox"/> Writing <input type="checkbox"/> Study Skills <input type="checkbox"/> Work Completion <input type="checkbox"/> Other	Describe:
Social Behaviors	<input type="checkbox"/> Aggression <input type="checkbox"/> Non-Compliance <input type="checkbox"/> Withdrawal <input type="checkbox"/> Self Image <input type="checkbox"/> Attention Problems	<input type="checkbox"/> Disruptions <input type="checkbox"/> Social Skills <input type="checkbox"/> Self-Management <input type="checkbox"/> Communications <input type="checkbox"/> Other	Describe:
Communication	<input type="checkbox"/> Receptive Language <input type="checkbox"/> Expressive Language	<input type="checkbox"/> Understanding Non-verbal Cues <input type="checkbox"/> Other	Describe:
Sensory	<input type="checkbox"/> Visual Sensitivity <input type="checkbox"/> Auditory Sensitivity <input type="checkbox"/> Touch Sensitivity	<input type="checkbox"/> Coping with Environment <input type="checkbox"/> Other	Describe:
Physical	<input type="checkbox"/> Fine Motor <input type="checkbox"/> Gross Motor <input type="checkbox"/> General Health	<input type="checkbox"/> Hearing <input type="checkbox"/> Vision <input type="checkbox"/> Other	Describe:

Complete the chart below for the behavior challenge(s) you observe:

Behavior Challenge (briefly describe)	Length of Observance (2-3 months, 1 semester, all year, etc.)	Frequency (2-3 times per day, every hour, certain time of day, etc.)	Duration (1-10 mins., 10-20 mins., more than 30 mins., etc.)	What # on the Intensity Scale would you rate this behavior challenge? (SEE scale on last page of this form)

For the behavior challenge(s) listed in the chart, please mark the *intervention strategies* that have been attempted and the results:

<u>Strategies</u>	<u>Very Effective</u>	<u>Effective Sometimes</u>	<u>Not Effective</u>	<u>Have Not Attempted</u>
Redirection				
Loss of Privileges				
Rewards				
Preferential Seating				
Visuals				
Break to Calm/Reset				
Teaching/Reteaching of expectations				
Behavior Contract				
Point Sheet/daily chart				
Planned Ignoring				
Modified Assignments				
Detention				
In School Suspension				
Out of School Suspension				
Verbal Praise				
Office Referral				

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For the problems listed on the front, list the intervention strategies that have been attempted and the results:

Strategy 1: \_\_\_\_\_

Result 1a: \_\_\_\_\_

Strategy 2: \_\_\_\_\_

Result 2a: \_\_\_\_\_

Strategy 3: \_\_\_\_\_

Result 3a: \_\_\_\_\_

Previous personnel involvement:

Social Worker    Counselor    Rtl Team    SEAPCO Consultant    Outside Agency: \_\_\_\_\_

If so, who: \_\_\_\_\_

**THIS SECTION REQUIRED FOR ALL REQUESTS:**

Parent Notified by (name & district #): \_\_\_\_\_ Date \_\_\_\_\_

District Administrator's Signature: \_\_\_\_\_ Date \_\_\_\_\_

SEAPCO Administrator's Signature: \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*Please email completed Request for Consultation to [lroberts@seapco.org](mailto:lroberts@seapco.org) for SEAPCO Director's review/approval.\*\*\*

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**For Office Use Only**

Reviewed by Director \_\_\_\_\_ Date \_\_\_\_\_

Personnel assigned: \_\_\_\_\_ Processor's Initials \_\_\_\_\_

## SEAPCO INTENSITY SCALE

INTENSITY LEVELS	AGGRESSIVE BEHAVIORS	NON-AGGRESSIVE BEHAVIORS
<div style="background-color: red; color: black; text-align: center; font-size: 48px; font-weight: bold; padding: 10px;">5</div>	<p><b>EXTREME</b>  <b>DISRUPTIVE/HARMFUL TO LEARNING ENVIRONMENT MORE THAN 50% OF DAY</b>                      * Disruption to learning or threat to academic success                      * May need to send home due to increased behavior</p>	<p>Likely to cause harm to self or others  <u>Some examples include:</u></p> <ul style="list-style-type: none"> <li>● Hitting repeatedly</li> <li>● Biting hand and breaking skin</li> <li>● Yelling more than 20 minutes</li> <li>● Requires physical intervention</li> <li>● Requires constant supervision to stay in assigned area</li> </ul> <p>Behaviors interfere with the learning of others and self, unable to complete work, interact with peers in a positive manner, or sustain positive relationships  <u>Some examples include:</u></p> <ul style="list-style-type: none"> <li>● Physical aggression - throwing items, hitting, kicking, biting with an intended target</li> <li>● Continued behaviors from category 4 can turn into a 5 when intent changes</li> <li>● Dangerous behaviors that prevent academic progress such as, repeated physical aggression</li> <li>● Chronic truancy, failing all classes due to missing/refusing all or part of a school day.</li> <li>● Sleeping during class for 6 classes while unable to stay awake, missing lunch with several prompts and incentives provided missing more than 50% of instructional/work time.</li> </ul> <p>*Any repetitive behaviors can lead to a principal chat/removal from the room/sent home</p>
<div style="background-color: yellow; color: black; text-align: center; font-size: 48px; font-weight: bold; padding: 10px;">4</div>	<p><b>SEVERE</b>  <b>DISRUPTIVE &amp;/OR HARMFUL AT LEAST 50% OF DAY</b>                      * Behaviors disruptive to learning of others                      * Someone may be hurt                      * May need to be removed from classroom</p>	<p>The student is not able to engage in appropriate behavior due to the interference of the agitated behavior, even when external cueing or redirection is provided.  <u>Some examples include:</u></p> <ul style="list-style-type: none"> <li>● Biting hand, leaves marks</li> <li>● Screaming uncontrollably</li> <li>● Repeated threats of violence towards self or others</li> <li>● Throwing objects, flipping desk</li> <li>● Repeated picking that bleeds</li> </ul> <p>Behavior is present to a severe degree: the individual is not able to engage in appropriate behavior due to the interference of the behaviors, even when external cueing or redirection is provided.  <u>Some examples include:</u></p> <ul style="list-style-type: none"> <li>● Inappropriate touching of other students (spanking, touching privates, etc.)</li> <li>● Destruction of property – school or students</li> <li>● Minor physical aggression (throwing objects, repetitive hitting without intended target or intent to break object/hurt someone)</li> <li>● Continued and repetitive inappropriate language &amp;/or arguing with the teacher/staff</li> <li>● Missing/refusing 50% of all or part of a school day with impact on academic progress (failing a majority of classes)</li> <li>● Sleeping during part of class for 4 classes while unable to stay awake, missing lunch occasionally</li> </ul>
<div style="background-color: yellow; color: black; text-align: center; font-size: 48px; font-weight: bold; padding: 10px;">3</div>	<p><b>MODERATE</b>  <b>DISRUPTIVE &amp;/OR HARMFUL TO LEARNING ENVIRONMENT LESS THAN 50% OF THE DAY</b>                      * Behaviors occur consistently throughout the day                      * Interferes w/peer's learning                      * Can be handled in the classroom or a principal chat</p>	<p>Might hurt someone else or self  <u>Some examples include:</u></p> <ul style="list-style-type: none"> <li>● Slapping</li> <li>● Crying</li> <li>● Spitting</li> <li>● Clearing table of items</li> <li>● Frequently threatens violence</li> <li>● Not responsive after repeated prompting, cueing and redirection.</li> </ul> <p>Disruptions/behaviors are consistent day to day affecting learning of others and self  <u>Some examples include:</u></p> <ul style="list-style-type: none"> <li>● Misuse of time in the bathroom</li> <li>● Refusing to start work, continue working, or follow directions after several prompts at least 50% of the day</li> <li>● Constant blurting out, arguing with other students</li> <li>● Minor physical aggression (throwing/tossing/swatting/hitting object <b>without</b> intended target <b>or</b> intent to hurt)</li> <li>● Absent 10% of school days</li> <li>● Sleeping in 3 classes while unable to stay awake and possibly missing lunch with several prompts and incentives provided</li> </ul>
<div style="background-color: blue; color: white; text-align: center; font-size: 48px; font-weight: bold; padding: 10px;">2</div>	<p><b>MILD-MODERATE</b>  <b>DISRUPTIVE, BUT NOT HARMFUL TO LEARNING</b>                      * Behaviors occurring daily                      * Taken care of in the classroom</p>	<p>Distracts others, &amp;/or distracted by others, objects, activities in the room, but requires prompting/cueing, or distraction removed.  <u>Some examples include:</u></p> <ul style="list-style-type: none"> <li>● Occasionally yells, bangs table, tears up papers</li> <li>● Refuses to participate</li> <li>● Threatens violence 1-2 times</li> <li>● Occasional profanity</li> <li>● Picking that stops with prompting</li> </ul> <p>Distracted by other persons, objects, activities in the room, but requires prompting/cueing, or distraction removed.  <u>Some examples include:</u></p> <ul style="list-style-type: none"> <li>● Dropping/rolling on the floor/under desk/learning area</li> <li>● Eloping</li> <li>● Repetitive blurting out</li> <li>● Random noise making (sound, singing, chair squeaking, announcements)</li> <li>● Inappropriate classroom transitions</li> <li>● Work refusals after choices given</li> <li>● Skipping 2-4 days of all or part of a school day without cause</li> </ul>
<div style="background-color: green; color: white; text-align: center; font-size: 48px; font-weight: bold; padding: 10px;">1</div>	<p><b>MILD</b>  <b>SOMEWHAT DISRUPTIVE</b>                      * Behaviors occurs occasionally or daily. It is not disruptive to the learning environment                      * Handled in the classroom</p>	<p>Wouldn't cause harm /not disruptive  <u>Some examples include:</u></p> <ul style="list-style-type: none"> <li>● Distracted by others, objects, activities in the room, but returns to task easily with one redirection.</li> <li>● Fidgety, color/draws while working</li> </ul> <p>Somewhat disruptive; not harmful to learning  <u>Some examples include:</u></p> <ul style="list-style-type: none"> <li>● Tattling, cutting in line, walking out of line, minor blurting out</li> <li>● Not starting assignment, not turning in assignments until prompted</li> <li>● Talking to peers occasionally, inappropriate comments that <u>happen once</u></li> <li>● Sleeping in class occasionally, missing school periodically, skipping one class period</li> <li>● Frequent restroom trips, asking for help often without trying work by self</li> </ul>