

AMARILLO INDEPENDENT SCHOOL DISTRICT  
SPECIAL EDUCATION DEPARTMENT

AMARILLO, TEXAS

STAFFING/CONSULTATION FORM  
BEHAVIOR INTERVENTION SPECIALISTS

Date \_\_\_\_\_ [Office Code] \_\_\_\_\_

Student \_\_\_\_\_ School \_\_\_\_\_

Teacher \_\_\_\_\_ Grade \_\_\_\_\_

1. Sources of information:

2. Current problem behaviors:

3. Prior strategies/interventions:

Successful:

Unsuccessful:

4. Student's strengths/responds well to:

5. Student's "triggers"/responds negatively to:

6. Probable purpose of student's behavior:

7. Discussion:

8. Recommendations:

9. Follow-up: \_\_\_\_\_ None needed \_\_\_\_\_ Check back on: \_\_\_\_\_

\_\_\_\_\_  
Behavior Specialist

\_\_\_\_\_  
School Representative