

# Request for Behavior Analyst Services

Date:

1314 N Hiawatha  
 PO Box 250  
 Pipestone, MN 56164  
 www.swsc.org

Person Requesting:

Title:

Phone:

Email:

**If this request is regarding a student please provide the following information.**

Student Name:

School:

Age:

Grade:

Teacher/Case Manager:

Best time of day to observe:

Best time to meet w/case manager:

**Description of problem behavior (what does it look like, how often does it happen, how intense, etc.):**

Physical Aggression (*hit, kick, spit*)

Elopement

Property Destruction

Verbal Aggression (*swear, yell*)

Refusal

Other (please explain)

Data Collected (*Please attach*)

Does the student have a current behavior plan  
 (*Please allow access to SpedForms*)

Comments:

**Description of behavior management strategies that have worked in the past:**

Token System

Loss of Privileges

Picture Schedule

Environmental Changes

Other (please explain)

**Communication & Current Skill Set:**

Does the student have a form of communication?

Yes

No

Teaching Now

Form:

How often does the student communicate?

Never

Occasionally

Frequently

Is the student independent with most daily living skills?

Yes

No

How is the student doing academically?

Meeting IEP Goals

Needs Support

Failing

**Antecedents:**

Asked to do  
Denied something  
No attention available  
Unknown

**Consequences:**

Verbally told to stop  
Removed from Classroom  
Loss of Privileges  
Given a break from or  
assistance with work  
Peer engaging in the behavior

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**Student Preferences:**

Favorite Activity:  
Favorite Food:  
Favorite Class/Subject:

Other comments regarding student (*e.g., difficulty during specific times of day, taking medications, other health problems, etc.*):

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**Type of Support Requesting:**

Consultation and Recommendations  
FBA Support  
BIP development, training, follow-up  
Workshop/Training