

LIST THE DATES THAT MEETINGS TOOK PLACE TO PLAN FOR STRATEGIES:

POSITIVE BEHAVIOR INTERVENTIONS / SUPPORTS: YES NO

FBA/PBSP YES Date: (INCLUDE REVISIONS)	FBA/PBSP NO Explain:

EDUCATIONAL STRATEGIES / SUPPORTS:

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DATA COLLECTION: DESCRIBE THE DATA COLLECTION THAT THE BEHAVIORAL TEAM IS UTILIZING RELATIVE TO THE STUDENT'S BEHAVIORAL NEEDS. WHEN DID THE TEAM BEGIN COLLECTING THE DATA? (only necessary if PBSP has not been completed)

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PROVIDE CURRENT MEDICATIONS AND DOSAGE PRESCRIBED TO THIS STUDENT. INCLUDE NAME OF PRESCRIBING PHYSICIAN:

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DOES THIS STUDENT HAVE COMMUNITY BASED SUPPORT? IF YES, WHO? YES NO

DOES THE PROVIDER ATTEND MEETINGS ON BEHALF OF THE STUDENT? YES NO

PLEASE PROVIDE THE SCHOOL'S START TIME AND DEPARTURE TIME. PLEASE INCLUDE THE STUDENT'S SCHEDULE WITH SPECIFIC ATTENTION TO SHORTENED DAYS OR STUDENT'S REGULAR SCHEDULED OUTPAIENT THERAPIES:

IS THERE A PARTICULAR TIME OF DAY OR SUBJECT AREA THAT IS MOST CHALLENGING TO THE STUDENT?