

Behavior Consultant Assessment Summary Report

Behavior Consultant:

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| --- | --- | --- | --- |
| Date: |  | School: |  |
| Student name: |  | ID#: |  |
| Date of birth: |  | Grade: |  |

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| --- | --- |
| **Record Review** | **Comments** |
| Grades, attendance, discipline |  |
| Social/developmental history |  |
| Medical/mental health history |  |
| Other agency contact history |  |

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| **Additional Assessment Data** | | |
| Date | Source | Comments |
|  | Classroom observation |  |
|  | Other location observation |  |
|  | Teacher/staff interview |  |
|  | Parent interview |  |
|  | Student interview |  |
|  | Problem Behavior Questionnaire |  |
|  | Reinforcement survey |  |
|  | Functional behavioral assessment (FBA) |  |
|  | Other agency input |  |
|  | Other |  |

|  |  |  |
| --- | --- | --- |
| **Academic and Behavior Interventions and Responses** | | |
| Intervention | Date | Response |
|  | From:  To: |  |
|  | From:  To: |  |
|  | From:  To: |  |
|  | From:  To: |  |
|  | From:  To: |  |
|  | From:  To: |  |

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| **Summary** |
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Individual evaluation was conducted in the student’s native language or other communication mode used by the student:

Yes

No

Evaluator’s initials: