

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 |       |

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| **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: