



Behavioral Consultation Request Form

Date of Request: _____ Date Received: _____

Person Making Request: _____ Phone: _____

Email: _____

Name of Student: _____ DOB: _____

School & District: _____ Grade: _____

Teacher: _____ E-mail: _____

TCSE Program if applicable: _____

Does this student receive special education services? __YES __NO

If yes, what services: _____

Date of *most recent* IEP meeting: _____ Reason for this request: _____

PRIOR to this request, what interventions have been provided and what were the results/outcomes? (attach intervention plan, medical reports, graphs/data, academic performance levels, office discipline referrals, attendance, or other relevant information)

What specific behavior is of **most** concern? _____

*******Required Signatures*******

Building Principal or TCSE Case Manager: _____ Date: _____

Parent/Guardian: _____ Date: _____

Administrative Signature(TAS): _____ Date: _____

Forward to Mary Ekstrand at Fax No.: 618-833-4833 or email mekstrand@tcse.us