

Family Request for Assistance Form

Child's Name : _____ Grade: _____

Family Member Completing: _____ Date: _____

Academic Information:

Do you believe that academic skills are impacting the problem behavior?

Yes No Unsure

Internalized Behavior Concerns Check those that apply:

___ Emotionally flat	___ Shy	___ Withdrawn
___ Anxious	___ Sad/depressed often	___ Lonely
___ Difficulty making friends	___ Hurts self	Other _____ _____

Externalized Behavior Concerns Check those that apply:

___ Tantrums	___ Contraband use/possession	___ Disruptive
___ Non-cooperative	___ Lying/cheating	Other _____ _____
___ Bullying	___ Aggressive towards others	Other _____ _____

Problem Behavior Occurrence

Specific Problem Behavior (include detailed information of behavior, area, and others involved)	Likelihood of Problem Behavior Occurring Low High
	1 2 3 4 5 6 7 8 9 10
	1 2 3 4 5 6 7 8 9 10
	1 2 3 4 5 6 7 8 9 10
	1 2 3 4 5 6 7 8 9 10
	1 2 3 4 5 6 7 8 9 10

Possible Function of the Problem Behavior Check those that apply:

<input type="checkbox"/> Obtain Adult Attention	<input type="checkbox"/> Escape/Avoid Adult Attention	<input type="checkbox"/> Obtain Peer (sibling/friend/other family members) Attention
<input type="checkbox"/> Escape/Avoid Peer Attention	<input type="checkbox"/> Obtain Tangible/Activity	<input type="checkbox"/> Escape/Avoid Tangible/Activity
<input type="checkbox"/> Obtain Stimulation/Sensory	<input type="checkbox"/> Escape/Avoid Stimulation/Sensory	Evidence supporting possible function: _____ _____

Strategies You Have Tried to Address Problem Behavior:

<input type="checkbox"/> Positive attention for positive behaviors	<input type="checkbox"/> Ignoring actively	<input type="checkbox"/> Rewards for positive behavior: _____ _____
<input type="checkbox"/> Time outs/Breaks	<input type="checkbox"/> Set rules and follow them	<input type="checkbox"/> Let kids have a choice
<input type="checkbox"/> Provide countdowns for transitions	<input type="checkbox"/> Technology Penalty	<input type="checkbox"/> Adjust the environment

Other: _____

How has your child responded to the above strategies? _____

Other Information

What are the your child's strengths, talents, and specific interests?

What other information you think is important to know about your child?

