

YES PBIS TIER 2 INTERVENTIONS REFERRAL SURVEY

Referral's Name: _____

Name of Person Filling Out this Paper: _____

Relationship: school staff member

parent

peer

Date: _____

Please answer each question with a yes or no. Give the paper to your grade level PBIS representative or to Mrs. Allen. If Mrs. Allen does not contact you within 3 school days, please call her to follow up.

1. Would this child benefit from pre-planned breaks in instruction? _____
2. Does this student need a positive outlet away from his/her grade level? _____
3. Does this child need a role model? _____
4. Could this student's behavior improve with counseling? _____
5. Will this child self correct his/her behavior with hand gestures or non-verbal cues? _____
6. Is this child's inappropriate behavior a new problem? _____
7. Is this student's inappropriate behavior an ongoing problem? _____
8. Has this child had a behavior plan in past years? _____
9. Does this child respond well to verbal praise? _____
10. Does this student appreciate quality time with adults? _____
11. Will this child work for tangible rewards? _____
12. Does this student enjoy being a helper? _____
13. Will this child accept pats on the back or high-fives? _____
14. Is the student organized? _____
15. Does the child have home support? _____
16. Does the child have 3 or more friends? _____
17. Is the child's behavior stemming from lack of academic skills? _____
18. Has the student been tardy often this academic year? _____
 - a. How many days tardy? _____
19. Has the child missed several school days this academic year? _____
 - a. How many days present? _____
 - b. How many days absent? _____
20. Has the student been sent to the office this academic year? _____
 - a. How many times? _____
 - b. By whom? _____

Other Comments: _____