



Request for LCISD Assistance

School Name:

Date:

Name of Person Requesting Assistance:

Local Director Building Administrator Teacher Other

1. Who are you seeking assistance from?

LCISD Behavioral Specialist LCISD ASD Teacher Consultant Both

2. Provide a short description of the overall goal for requesting assistance

3. Type of Assistance Needed (check all that may be applicable):

Student Observation to improve individualized programming

Classroom Observations to support teacher

Coaching/modeling for teacher and/or Para Professionals

Assistance in Developing a Behavior Intervention Plan (BIP)

Help with data collection

Support with conducting a Functional Behavior Assessment (FBA)

Universal Supports and ASD Strategies

Teaming support with Meeting Mechanics

Behavior Response Script/ Crisis Plan Development

Other (describe)

By submitting a request for assistance, I understand that meeting as a school team will most likely be required. In order to develop effective plans, a teaming process is critical. Having all team members present will only increase the likelihood of success.

4. What is the name of the person responsible for setting up follow-up team meetings (example, the case manager)?

5. The following team members are aware that a LCISD Request for Assistance has been submitted:

Special Education Teacher Building Administrator Local Spec. Ed. Director Other

6. Local Building Principal and Special Education Director Signature:

X

Building Principal

X

Special Education Director