

SAT REFERRAL
BEHAVIORAL DESCRIPTOR FORM

Please complete this form if you are referring a student for issues related to behavior.

Student: _____

Date of Birth: _____

Grade: _____

Teacher: _____

Behavior # _____	Precipitating Conditions (Setting, time, or other situations typically occurring <i>before</i> the behavior)	Specific Behavior (<i>Exactly</i> what the student does or does not do)	Consequences (Events that typically <i>follow</i> the behavior)	Function of the Behavior (<i>Hypothesized purpose[s]</i> the behavior serves)
<input type="checkbox"/> Unstructured time in _____ <input type="checkbox"/> Academic instruction in _____ <input type="checkbox"/> When given a directive to _____ <input type="checkbox"/> When close to _____ <input type="checkbox"/> When provoked by _____ <input type="checkbox"/> When unable to _____ <input type="checkbox"/> Other _____ _____ _____	_____ _____ _____ _____ _____ _____ _____ _____	<input type="checkbox"/> Teacher attention <input type="checkbox"/> Peer attention <input type="checkbox"/> Verbal warning / reprimand <input type="checkbox"/> Loss of privilege (what kind?) _____ <input type="checkbox"/> Time out (where / how long?) _____ _____ <input type="checkbox"/> Detention (how long?) _____ <input type="checkbox"/> Removal from class _____ <input type="checkbox"/> In-school suspension (how long?) _____ <input type="checkbox"/> Other _____ _____	<input type="checkbox"/> Escape / avoidance <input type="checkbox"/> Gaining attention <input type="checkbox"/> Expression of anger <input type="checkbox"/> Frustration <input type="checkbox"/> Vengeance <input type="checkbox"/> Seeking of power / control <input type="checkbox"/> Intimidation <input type="checkbox"/> Sensory stimulation <input type="checkbox"/> Relief of fear / anxiety <input type="checkbox"/> Other _____ _____ _____	