

**GUHSD**  
**B**ehavior **C**onsultation **F**orm

Student \_\_\_\_\_ ID# \_\_\_\_\_ Referral Date \_\_\_\_\_

School \_\_\_\_\_ Psychologist \_\_\_\_\_

Advocate Teacher \_\_\_\_\_ Grade \_\_\_\_\_ Primary Disability \_\_\_\_\_

Primary & Related Services

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Phone Number(s) \_\_\_\_\_

Email Address \_\_\_\_\_

(If Behavioral Emergency Reports have been completed, check here)

- Date of most recent IEP: \_\_\_\_\_
- Date of most recent Behavior Support Plan or Behavior Intervention Plan: \_\_\_\_\_

**Please attach the following items as supporting information:**

- \*Current baseline documentation/data (5-10 days preferred)
- \*Pertinent medical or mental health information (e.g., Nurse Assessment Report, CMH Reports & Goals)
- \*Any outside reports

**Signature of person completing this form** \_\_\_\_\_

(To be completed by program specialist)

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**Follow-up**

**TYPE OF CONSULT** \_\_\_\_\_

**BIA SUPPORT STAFF** \_\_\_\_\_

**FAX or e-mail to Jenny Mays (619) 465-5295**