

Behavioral Specialist Informed Consent Summerfield Schools

Summerfield Schools offers short-term individual behavioral support services to students. Parents/Guardians, or school staff may refer students for these individual services. Students may also seek out services on their own behalf, when appropriate.

For behavioral support that extends beyond the general instructional classroom setting in a school year, or that is planned on a regular basis, Parent/Guardian permission is to be obtained. This packet of questionnaires and informed consent may be returned to the Behavioral Specialist (Ms. Howell), to the main office, or to your child's teacher.

The Parent/Guardian understands that individual behavioral support services are short-term services aimed at the more effective education and socialization of their child within the school community. **The Parent/Guardian understands that these services are not intended as a substitute for diagnosis or treatment for any mental health disorder. The Parent/Guardian acknowledges that it is their responsibility to determine whether additional or different services are necessary, and whether to establish third-party social, emotional, and behavioral health support services for their child.**

In order to build trust with students, the Behavioral Specialist will keep information confidential, with some possible exceptions. Because these services are provided to minor children in the school setting, the Behavioral Specialist may share information with Parents/Guardians, the child's teacher, and/or administrators/school personnel who work with the child, on a need-to-know basis, so that we may better assist the child as a team. The Behavioral Specialist will make the child aware of these limits to confidentiality and will inform the child when sharing information with others. If you would like the Behavioral Specialist to share information with a third-party, such as a community counselor, psychiatrist, social services worker, therapist, or pediatrician, you will need to contact the third party, as well as Summerfield School's Main Office to sign the required release of information forms.

Please feel free to contact Ms. Howell with any questions, comments, or concerns.

Child's Name: _____

Grade: _____ Teacher: _____

I, _____, am the legal parent/guardian of _____. I have read, understand, and agree to the terms of this Behavioral Specialist Informed Consent of Summerfield Schools.

Please check one:

I give permission for my child to receive individual behavioral support services at Summerfield Schools for the 2019-2020 school year.

I understand that I may withdraw my consent at any time by signing and dating a written note requesting termination of Behavioral Support Services

I choose to decline individual behavioral support services for my child at this time.

I understand that I may request these services at a later date if needed.

Parent/Guardian Signature: _____ Date:

Cell Phone: _____

Email: _____

Circle Preferred Method of Contact: Email or Phone

Parent/Guardian/Teacher Behavior Questionnaire

Please fill out the following behavior-based checklist to the best of your ability and return to Ms. Howell upon its' completion. Both the parent/guardian, as well as teacher(s) will be asked to complete this form to gather comprehensive data on student behaviors and needs.

Student Name _____ Parent/Guardian _____
Telephone _____ Email _____
Current Grade _____ DOB _____ Date _____

Behavior Checklist:

- | | |
|--|---|
| <input type="checkbox"/> Easily frustrated | <input type="checkbox"/> Reluctant to speak up in class |
| <input type="checkbox"/> Destructive | <input type="checkbox"/> Easily fatigues |
| <input type="checkbox"/> Fights, aggressive | <input type="checkbox"/> Physically active/impulsive |
| <input type="checkbox"/> Fearful & anxious | <input type="checkbox"/> Inappropriate remarks |
| <input type="checkbox"/> Unhappy (rarely smiles) | <input type="checkbox"/> Needs frequent reassurance |
| <input type="checkbox"/> Poor personal hygiene | <input type="checkbox"/> Abuses property/breaks things |
| <input type="checkbox"/> Appears to dislike school | <input type="checkbox"/> Scapegoated by others/being blamed |
| <input type="checkbox"/> Unable to anticipate consequences | <input type="checkbox"/> Inappropriate reaction to poor performance |
| <input type="checkbox"/> Not accepted by peers | <input type="checkbox"/> Will not accept responsibility for actions |
| <input type="checkbox"/> Distractible | <input type="checkbox"/> Misinterprets simple statements |
| <input type="checkbox"/> Poor self-image | <input type="checkbox"/> Defiant |
| <input type="checkbox"/> Absences or truancy | <input type="checkbox"/> Argumentative |
| <input type="checkbox"/> Teases or provokes others | <input type="checkbox"/> Self injurious/harms self |
| <input type="checkbox"/> Other: _____ | |

Academic Checklist:

- | | |
|---|--|
| <input type="checkbox"/> Unable to organize work on paper | <input type="checkbox"/> Does not turn in assignments |
| <input type="checkbox"/> Does not come to class prepared | <input type="checkbox"/> Unable to complete multiple assignments |
| <input type="checkbox"/> Does not work independently | <input type="checkbox"/> Slow in finishing work |
| <input type="checkbox"/> Does not complete assignments | |

Environmental Factors:

- Successive relocations
- Recent break-up in family (divorce, separation, etc.)
- Recent death in family
- Other

Briefly state the reason for referral:

Parent Signature _____ Date _____

At Home Questionnaire for Parent/Guardian

Please fill out this questionnaire to the best of your ability. The intent is to help the Behavior Specialist get to know your child, as well as your family and home better. There are no right or wrong answers, only ones that describe your child's life outside of the school environment.

Student's Name _____

Parent/Guardian _____

Number of Siblings _____ Ages of Siblings _____

What do you feel are your child's strengths?

What do you feel are some areas of improvement for your child?

How does your child interact with other children? With other adults?

How does your child adapt to changes in your day, schedule, or routine?

What does a typical afternoon/evening look like after your child arrives home from school?

Please describe how you handle discipline in your home (how does your child know that their behavior is unacceptable, what is your response to inappropriate/poor choices, etc.) Do you feel that your response works in helping to lessen the frequency of your child's poor behavior?:

Is there anything else that I should know about your child?

Thank you for taking the time to complete this form. I'm looking forward to getting to know you and working with your student!-Ms. Courtney Howell 🐾

