

Records Review Summary

Student: _____ Grade: _____

Person Completing Review: _____ Date of Review: _____

Put an "X" in the box indicating records reviewed and document significant information from each.

Office Discipline Referrals: # of Referrals: _____ Date Range of Referrals: _____ to _____

IDENTIFY PATTERNS (ANTECEDENTS → Location? Time? Persons involved?) _____

IDENTIFY PATTERNS (PROBLEM BEHAVIORS) → _____

IDENTIFY PATTERNS (CONSEQUENCES → Motivation? Admin. Decision?): _____

Data and documentation from previous Tier 2 Behavioral Interventions (Check-In/Check-Out, etc.): _____

Previous Functional Behavior Assessment & Behavior Support Plans: _____

Attendance Records: _____

Individualized Education Plan (IEP): _____

Academic Assessment Results and Records: _____

Medical Records/ Health History: _____

Other: _____
