**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: