

**BRUSH COUNTRY CO-OP**  
**REQUEST FOR BEHAVIOR SPECIALIST/ ITINERANT TEACHER**  
*To be completed and submitted to Brush Country Co-op Director*

**Student's Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**School District:** \_\_\_\_\_ **Campus:** \_\_\_\_\_

**Person Making Request:** \_\_\_\_\_ **Phone No:** \_\_\_\_\_

**Administrator's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Reason for Request:**

- |   |  |
|---|--|
| <input type="checkbox"/> Observe student with behavioral concerns | <input type="checkbox"/> Work with teacher on behavior strategies                              |
| <input type="checkbox"/> Attend ARD                               | <input type="checkbox"/> Work with student on behavior strategies                              |
| <input type="checkbox"/> Assist with FBA/BIP Development          | <input type="checkbox"/> Behavioral Consultation<br>(Pre-Referral to Psychological Evaluation) |
| <input type="checkbox"/> Assist with IEP development              | <input type="checkbox"/> Other _____   |

**Has parent been contacted prior to this request?** ☐ yes ☐ no

**Areas of Concern:**

\_\_\_\_\_

\_\_\_\_\_

**Interventions Attempted: (Attach documentation)**

\_\_\_\_\_

**Additional Comments:** \_\_\_\_\_

**ATTACH:**

- ☐ Student's Schedule (TxEIS)
- ☐ School Discipline Referrals (include number of ISS/suspension days) (if applicable)

**Submitted by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

☐ Approved ☐ Disapproved Reason: \_\_\_\_\_

**Sp. Ed. Director:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Behavior Specialist Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

BCC

1 Copy filed in Student Eligibility Folder  
1 Copy filed in Director's File  
1 Copy filed in Behavior Specialist Folder