

BRUSH COUNTRY CO-OP

REQUEST FOR IN-HOME COMMUNITY-BASED TRAINING AND PARENT/FAMILY TRAINING

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:

☐ Exhausted "ALL" 8 Viable Alternatives

☐ In Tier 1 Interventions for In-Home/Family Training

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

****DO NOT OBTAIN CONSENT UNTIL ALL APPLICABLE STEPS HAVE BEEN COMPLETED**

Areas of Concern: _____

Additional Comments: _____

ATTACH:

☐ Evidence of Viable Alternative Trials

☐ REED

☐ Student's Schedule (TxEIS)

☐ Autism Supplemental (if applicable)

☐ School Discipline Referrals (include number of ISS/suspension days) (if applicable)

Submitted by: _____ Date: _____

☐ Approved ☐ Disapproved Reason: _____

Sp. Ed. Director: _____ Date: _____

BCC Instructional Specialist Signature: _____ Date: _____