



**Greene County Behavior Coaching Team
Referral Form**

Student Information

Student Name: _____

Student Birthdate: _____

Student Grade: _____

School District: _____

School Building: _____

Point of contact for scheduling meetings: _____

Student's Educational Team

Teacher: _____

Speech/language: _____

Occupational Therapist: _____

Physical Therapist: _____

Paraprofessional(s): _____

School-based Mental Health Therapist: _____

Any other agencies or private professionals involved:

Best times of day to meet: _____

Referral information

Reason for referral:

Behaviors of concern:

Is student on a RTI Plan, 504 plan or IEP?

- Yes
- No

Please attach/send the following documents:

- Evaluation Team Reports, RTI Plan, IEP or 504 if applicable
- District Release of information.
- Parent permission

By signing below, the referring superintendent/designee with authority to commit district resources is providing consent for ongoing behavior coaching services for this student:

Signature: _____

Date: _____

(return completed form and releases to vwilliamson@greeneesc.org)