



Challenging Behavior Support Request

Referring Pre-K Program:	Pre-K Classroom:	Date:
Pre-K Contact Person Name:	Contact Information (email, phone):	Has 4 hours of professional development in challenging behavior been completed? <input type="checkbox"/> No <input type="checkbox"/> Yes, on _____ By whom?

Child's Name:	Child's Date of Birth:	When does child attend PreK? (Example... 5 days/wk; M-W-F a.m. only)
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Please list all additional support which the child may be receiving. *This information must be collected from the family prior to submitting this request.*

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| <input type="checkbox"/> Speech and Language Support | <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Counseling or other behavior supports | <input type="checkbox"/> Other: | |

Please attach the following documentation with this support request.

- A completed **Supporting Behavior through Classroom Practices Self-Assessment** completed by a teaching team member
- Development screener results for the child (e.g.) ASQ-3, ASQ-SE: 2 (completed within the last 30 days)
- Child Assessment Information (e.g.) TS Gold, Child Observation Record (preliminary data on social-emotional development)
- Documentation collected during initial problem solving (e.g.) time samples, tally sheets, ABC charts, incident reports
- KCReady4s/Family & Children Services **Parent Observation Consent Form**
- KCReady4s **Demographic Form**

Describe the concerning behaviors that are the motivation for this request (be as specific as possible).

Briefly describe the child's responses to previously implemented strategies. How have they been successful? Unsuccessful?