

Check the Desired Support

Data Review

Teacher Consultation



Date Received _____

SAND HILLS

Kathy Lewis Hawkins, Director

Name of Child _____ Grade _____

District	School
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Special Education Yes ☐ Current Eligibility _____ No ☐ Tier _____

Teacher _____ Room # _____

Interfering Behaviors:

Behavior (Describe)	Occurs(Choose one)	Frequency (Choose one)
	Transition	Weekly

Please attach a copy of the class schedule for the student.

School Contact Person _____

E-mail _____

To be completed by GNETS personnel

Sand Hills GNETS staff member responsible for observation

Consultation/Observation date _____

Consultation/Observation Feedback:

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“Meeting the Needs of Students Educationally and Therapeutically”