## Behavior Education Center School Brief Application

## Behavior Services of Brevard, Inc. 550 Solutions Way, Rockledge, FL 32955

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| **STUDENT PERSONAL INFORMATION** |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (First) (Middle) (Last)Parent/Guardian Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent/Guardian Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_🞏 Parent/Guardian home 🞏 Relative home 🞏 Relative home, placed by DCF 🞏 Regular foster home 🞏 Therapeutic/specialized foster home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex:\_\_\_\_\_\_\_\_ Race:\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_Client’s preferred language:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Language spoken in home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **ACADEMIC HISTORY** |
| Previous/Current School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ESE Placement? YES NOAttended School: \_\_\_\_ Full-Time \_\_\_\_Part-Time Number of days suspended:\_\_\_\_\_ Number of days absent: \_\_\_\_\_ |
| Current Grade Level: Pre-K VPK K 1 2 3 4 5 6 7 8 9 10 11 12 (circle one)List the grade level your child is currently working on in academics in the following subjects:Reading Grade Level: \_\_\_\_\_\_\_\_\_\_ Spelling Grade Level: \_\_\_\_\_\_\_\_\_\_ Math Grade Level: \_\_\_\_\_\_\_\_\_\_ Approximate time on task: \_\_\_\_\_\_\_\_\_\_ minutes (length of time child can sit in one place and attend to item of interest without intervention) |
| **BEHAVIORAL DESCRIPTION(S)** |
| **Problem Behavior(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****What situations seem to set off the problem behavior(s)?** (difficult tasks, transitions, structured activities, small group settings, teacher’s request, particular individuals, etc.)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** When is/are the problem behavior(s) **most** likely to occur? (times of day/days of the week) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_When is/are the problem behavior(s) **least** likely to occur? (times of day/days of the week)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Setting Events: Are there specific conditions, events, or activities that make the problem behavior worse?**  (missed medication, history of academic failure, conflict at home, missed meals, lack of sleep, history or problems with peers, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Has the student experienced/exhibited any of the following?****Yes No** 🗖 🗖 Physical aggression that resulted in injury in past 6 months?  ***If yes, describe severity:*** 🗖 🗖 Physical aggression that resulted in property damage in past 6 months?  ***If yes, describe severity:*** 🗖 🗖 Put other people’s safety at risk due to client’s violence?  ***If yes, describe:*** 🗖 🗖 Been suspended from school in past month? 🗖 🗖 Attempted any serious suicidal gestures/attempts in past 6 months?  ***If yes, describe:***  🗖 🗖 Been admitted to a crisis unit in past 6 months? If yes, w***hen?*** 🗖 🗖 Been arrested in past 6 months? 🗖 🗖 Is student at risk of getting arrested for behavior?  ***If yes, describe behavior:*** |
| **FINANCIAL INFORMATION** |
| **Clinical/ABA:**🞏 Medicaid 🞏 Private Insurance Insurance Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Does the plan cover ABA services? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 Private Pay **Educational/Tuition:**  🞏 McKay Scholarship  Yearly amount awarded: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Matrix # (circle one): 251 252 253 254 255  If applied but not yet approved, date intent was filed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_🞏 Gardiner Scholarship  Yearly amount awarded: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If applied but not yet approved, date applied: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Parent/Guardian Signature Date** |