Area Special Education Cooperative
1505 Central Ave NW, East Grand Forks, MN 56721
218/773-0315 FAX: 218/773-0924

Request for Behavior Consultation

Student: Parents:

DOB: Grade: District: Phone:

Present Special Education Services:

1. Please state the reasons for this request for consultation: (What specific questions do you wish to have answered?)

2. Please describe briefly any interventions that have been tried previously to meet the student's needs, for how long, and with what results:

3. Describe how this new data will impact the program designed to meet this student's educational needs:

Name of Teacher Making Request:

Title Date

FOR OFFICE USE ONLY

Name of Consultant:

☐ Approved ☐ Not Approved

Director's Signature Date

After ASEC approval, send this form and a copy of the IEP and/or other records to the consultant. The case manager should contact the consultant to schedule the date of the consult. Fees will be paid upon receipt of a written report from the consultant. ASEC will distribute copies to the case manager.

Submit Form Reset

January, 2003