

Susan Sieber
President

Stuart Daly
Vice President



860-350-5050

P.O. Box 120 Woodbury, CT 06798

littlebritchesct@gmail.com

Behavioral Consultant Form

Student: _____ Date: _____

Is there a behavioral plan? _____ Yes _____ No

Is there continuity between home and school? _____ Yes _____ No

Is the school behavioral plan used at home? _____ Yes _____ No

Are there triggers for certain behaviors (eg. touch, words, smell sensitivities)?

Is there a de-escalation approach? _____

General behavior guidelines specific to this child (please keep in mind that there are horses and we are in an open space): _____

Behavioral consultant signature _____

Behavioral consultant title _____

Name (print): _____

Address _____

Phone number _____