

**BEHAVIORAL REFERRAL - PARENT'S QUESTIONNAIRE**

**Return to Florida Conference Office of Education**

Name of Student \_\_\_\_\_

Date \_\_\_\_\_

School \_\_\_\_\_

Teacher \_\_\_\_\_

Instructions: Please **answer all questions**. Beside each item below, indicate the degree of the problem with an **X**. **The parent consent on the back of this Behavioral Referral-Parent Questionnaire must be signed.**

	OBSERVATION	Degree of Activity			
		Not at All	Just A Little	Pretty Much	Very Much
1.	Picks at things (nails, fingers, hair, clothing)				
2.	Sassy to grown-ups				
3.	Problems with making or keeping friends				
4.	Excitable, impulsive				
5.	Wants to run things				
6.	Sucks or chews (thumb, clothing, blankets)				
7.	Cries easily or often				
8.	Carries a chip on his/her shoulder				
9.	Daydreams				
10.	Difficulty in learning				
11.	Restless in the "squirmy" sense				
12.	Fearful (of new situations, new people or places, going to school)				
13.	Restless, always up and on the go				
14.	Destructive				
15.	Tells lies or stories that aren't true				
16.	Shy				
17.	Gets into more trouble than others the same age				
18.	Speaks differently from others same age (baby talk, stuttering, hard to understand)				
19.	Denies mistakes or blames others				
20.	Quarrelsome				
21.	Pouts and sulks				
22.	Steals				
23.	Disobedient or obeys resentfully				
24.	Worries more than others (about being alone, illness, or death)				
25.	Fails to finish things				
26.	Feelings easily hurt				
27.	Bullies others				
28.	Unable to stop a repetitive activity				
29.	Cruel				
30.	Childish or immature (wants help he/she shouldn't need, clings, needs constant reassurance)				
31.	Distractibility or attention span a problem				
32.	Headaches				
33.	Mood changes quickly and drastically				
34.	Doesn't like or doesn't follow rules or restrictions				
35.	Fights constantly				
36.	Doesn't get along well with brothers or sisters				
37.	Easily frustrated in efforts				
38.	Disturbs other children				
39.	Basically an unhappy child				
40.	Problems with eating (poor appetite, up between bites)				
41.	Stomach aches				
42.	Problems with sleep (can't fall asleep, up too early, up in the night)				
43.	Other aches and pains				
44.	Vomiting or nausea				
45.	Feels cheated in family circle				
46.	Boasts and brags				
47.	Lets self be pushed around				
48.	Bowel problems (frequently loose, irregular habits, constipation)				

## STUDENT BEHAVIORAL REFERRAL

### INSTRUCTIONS TO PARENTS:

Although there is a minimal fee charged for the behavioral consultation service, it is designed with flexibility so as not to be cost prohibitive to any family whose child needs it.

Please fill out the information below, sign the consent statement, select the income bracket which best describes your family's current status, and send in the designated fee with this form to the conference Office of Education at the address provided below, or return to your local school if you prefer. When all necessary referral documents are received at the conference office, you will be notified of the consultation date appointment by school personnel.

### SELECT DESIGNATED FEE:

Gross family income over \$36,001 per year	\$ 70
Gross family income between \$31,201-36,000 per year	\$ 55
Gross family income between \$27,313-31,200 per year	\$ 35
Gross family income between \$21,281-27,313 per year	\$ 20
Gross family income between \$16,501-21,280 per year	\$ 10
Gross family income less than \$16,500 per year	No charge

Send to:

**Florida Conference of SDA  
Office of Education  
351 S State Road 434  
Altamonte Springs, FL 32714**

Total enclosed: \_\_\_\_\_

### PARENT CONSENT FOR BEHAVIORAL REFERRAL

To better facilitate the learning process for \_\_\_\_\_, a behavioral consultation is being requested from Mayra Rodriguez, school psychologist, in the Florida Conference Office of Education. The consultation process encompasses several steps:

1. Classroom observation of student
2. Interview with student
3. Psychological testing if needed
4. Interview and conference with parents and teacher

The reasons for the referral have been explained to me by school personnel and I give my consent for this procedure. I understand that a conference will be scheduled with the psychologist after the consultation to discuss recommendations.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date