Sacramento City Unified School District
EARLY LEARNING & CARE DEPARTMENT

Pre-Referral Checklist for Behavior Support

Child: _____   Classroom: _____

Teacher: _____   Date: _____

Specific Concern: _____

General Checklist	Completed	Comments
I have a schedule for children posted at their eye level with pictures and words.		
I have a visual schedule and I am using it daily.		
I have introduced classroom/area specific expectations.		
I am using positive descriptive acknowledgement when children are on task and/or practicing classroom expectations.		
Shelves are labeled with pictures and words to show children where things go.		
I plan transitions to be as few, brief and safe as possible which include opportunities for learning.		
I've identified and addressed Hot and Cold spots in my indoor and outdoor environment.		Hot spots strategies: Cold spot strategies:

Checklist for Specific Child	Completed	Comments
I have completed an ASQ and ASQ-SE for this child.		
I know this child's strengths.		Child's strengths:
I know what this child likes to do.		Favorite Activities:
I have planned activities and developed goals using the child's strengths and things he/she likes to do.		Activities:
I have completed BORs in both difficult times and times of success.		
I have identified triggers, form *(challenging behavior)*, function *(purpose of behavior)*		
I have discussed behaviors and possible solutions with my teaching team.		Suggestions:
I have implemented strategies to teach replacement behavior.		Strategies:
I have discussed possible strategies with the parents.		Suggestions:

*To be completed and submitted for all Mental Health Request for Follow-up Services