

**BEHAVIOR SPECIALIST REFERRAL**  
Department of Special Education  
Lincoln Public Schools

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_  
School: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Primary Disability: \_\_\_\_\_ Other Disability: \_\_\_\_\_

**Services Requested:**

- Behavior Specialist Consultation  
(observation, written recommendations, staff consultations)
- Assist with FBA (Functional Behavioral Assessment)
- Attend meeting: Date/Time of meeting: \_\_\_\_\_
- Assistance with appropriate curriculum
- Direct Service (1:1 Meetings with student/high schools only)
- Educational information on student behaviors, disabilities, diagnosis, etc.
- Other \_\_\_\_\_

► Is this referral of a **critical nature/emergency**?       Yes     No  
If yes, please explain below.

Please provide a brief explanation of the student's behavior:

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**Return to: Susan Safarik, Special Education Department**  
Fax: (402) 436-1899  
Email: [sbuchan@lps.org](mailto:sbuchan@lps.org)

Office Use Only: Assigned to: _____ Date: _____
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**Copies to:** Special Education Leadership Team