



Bear Support-Tier 2

Student's Name: _____ Grade: _____ HR Teacher: _____

Please check if the student has: 504 Plan IEP ELL Medical Needs Frequent Absences

Date of Referral : _____ Teacher/Parent completing the referral: _____

Does this student have 5 or more office referrals? YES NO

Is the student exhibiting extreme or unsafe behaviors? YES NO

If yes, please explain:

What are the possible unmet needs of this student:

emotional needs relationship needs control needs physical needs

Who/What is this behavior affecting: self others academics social/emotional

Teacher Concern(s):

Be Respectful	Be Responsible	Be Safe
<input type="checkbox"/> Non-compliance	<input type="checkbox"/> Insubordination	<input type="checkbox"/> Physical aggression
<input type="checkbox"/> Verbal assault/ threat	<input type="checkbox"/> Technology violation	<input type="checkbox"/> Bully/harassment
<input type="checkbox"/> Damage or destruction of property	<input type="checkbox"/> Possession of an illegal object	<input type="checkbox"/> Danger to self or others
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Attendance issues
_____	_____	<input type="checkbox"/> Other: _____
_____	_____	_____
_____	_____	_____

Teacher Action Prior to Tier 2 Referral (check all that apply):

*Must have contacted the parent 2 or more times prior to completing this referral.

<input type="checkbox"/> Changed student's seat <input type="checkbox"/> Consulted home liaison <input type="checkbox"/> Referred to outside Counseling (Guidestone) <input type="checkbox"/> Restorative consequence Explain: _____ _____	<input type="checkbox"/> Conferred privately with student <input type="checkbox"/> Loss of privileges <input type="checkbox"/> Restorative circle <input type="checkbox"/> Participation in tier 1 whole class behavior plan <input type="checkbox"/> Consulted Admin <input type="checkbox"/> Other _____	<input type="checkbox"/> Telephoned guardian Contact Date(s): _____ <input type="checkbox"/> Emailed guardians Contact Date(s): _____ <input type="checkbox"/> Conference with guardian Date(s): _____
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Administrative Actions (completed by the office):

<input type="checkbox"/> Alternative Recess <input type="checkbox"/> Restorative Circle <input type="checkbox"/> Restorative Discipline <input type="checkbox"/> Parent Meeting	<input type="checkbox"/> In School Suspension <input type="checkbox"/> Out of School Suspension <input type="checkbox"/> Tier 2 Behavior Plan Needed <input type="checkbox"/> Bear PRIDE Mentor Assigned <input type="checkbox"/> Other _____
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*Please return to the PBIS Coordinator:

Received on: _____ Parent Contacted on: _____

Tier 2 Problem Solving Meeting held on: _____

Team Members Present: _____

Does this student demonstrate a need for Tier 2 support? YES NO

If yes, what supports will be provided?

- Bear PRIDE Adult Mentor Behavior Plan Break card/class pass
 Check-In/Check-Out Adult Mentoring Small group skills-based lessons
 Alternative to recess/Bear PRIDE Leadership Guidestone Counseling