

Student_____

Completed by_____

Please describe the behaviors that you are seeing in the classroom along with their frequency, duration and intensity.

Why are TSS services needed in the school setting?

What school based accommodations are currently being provided for this student?

What is this student's current school placement? Is an IEP in place?

Please return this form to: FAX (570) 718-4052

Jamie Fine, Luzerne Intermediate Unit 18

368 Tioga Ave., Kingston, PA 18704

Attn: Behavioral Health Dept.