



Changing the lives of people with disabilities using the movement of the horse.

Janie Larson, President

Stuart Daly, Vice President

### BEHAVIOR CONSULTANT FORM

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Is there a behavioral plan? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is there continuity between home and school? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is the school behavioral plan used at home? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are there triggers for certain behaviors (eg. touch, words, smell sensitivities)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there a de-escalation approach? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

General behavior guidelines specific to this child (please keep in mind that there are horses and we are in an open space): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Behavioral consultant signature \_\_\_\_\_

Behavioral consultant title \_\_\_\_\_

Name (print): \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone number \_\_\_\_\_