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**Georgia Network for Educational and Therapeutic Support**

**Request for**

**GNETS Consultation**

Please review the Guiding Questions for Consideration of GNETS Services as well as the GNETS Services Flow Chart to assist in appropriate educational planning for the student.

**Please keep this coversheet on top of packet for**

**confidentiality purposes.**

**Request for GNETS Consultation**

|  |  |  |
| --- | --- | --- |
| Student First/Last Name | GTID | Date Submitted |
| DOB | Race  | Gender | DOB |
| System | School Attending | Home School |

**Check the Consultative Services you would like for GNETS to provide (choose one):**

* Participation in a planning meeting
* Functional Behavior Assessment (FBA) Coaching
* Participate in Behavior Implementation (BIP) Plan Development
* Classroom Observation and Written Feedback
* Records Review with Feedback

**What concerns do you have regarding the student and the reason for requesting GNETS Consultation?**

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| --- |
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|  |  |
| --- | --- |
|  |  Print name |
| Referring Teacher |  |
| Referring Principal (or Designee) |  |
| Special Education Director (or Designee) |  |

**Please email, mail or fax this form to:**