



220 North Main Street, Suite 201, Natick, MA 01760
508.653.6776 • 508.653.0878 Fax • accept.org

Van Monitor Request

Student: _____ **District:** _____

Requesting: _____ Monitor _____ ABA Monitor _____ Health Monitor

Please indicate the primary reason a van monitor is being requested and provide as much detail as possible.

_____ **HEALTH** - Please describe the student's health-related issues:

Does the student have:

_____ Seizure Disorder _____ Asthma _____ Life-Threatening Allergy

_____ Vomiting/Reflux _____ Physical Stability _____ Other: _____

_____ **BEHAVIOR** - Please describe the student's behaviors:

Does the student exhibit:

_____ Physical Aggression _____ Self-Injury _____ Abusive Language

_____ Disrobing _____ Threats _____ Spitting

_____ Other: _____

Does the behavior occur in response to: (please check all that apply)

_____ Demands _____ Termination of Preferred Activities _____ New People

_____ Tone of Voice _____ Change in Routine _____ Environmental Factors

_____ Other: _____

What behaviors should be reinforced and what is reinforcing to the student?

Please attach a copy of the school-based behavior plan

Please provide any other information that will be helpful

Person completing this form: _____ **Date:** _____