

Southwest Cook County Cooperative  
Association for Special Education

**CIBS Referral Form: Braun Educational Center**

Braun Educational Center offers **1-10 day Crisis Intervention Behavior Stabilization (CIBS)** and **45 day interim** alternative placements for students with an IEP requiring temporary placement outside of their home school. High school students are placed in the Braun crisis room for the duration of their **1-10 day** placement. **\*Please note: Daily lessons must be planned by the home school teacher and available prior to the start date of placement. Computers are not available for student to complete their assignment. Please do not give assignments requiring access to a computer.**

High school students serving **45 day** interim alternative placements and elementary students are placed in classrooms. They receive the services provided other students at Braun.

The Braun **Course Offering Form** (on Braun webpage) *must be* completed for high school students.

Parent/Guardian(s) are required to complete an intake packet before the student begins the CIBS placement.

Please send a copy of the student's **Current IEP**; **Behavior Intervention Plan**; **Health Form**; **Course Offering Form** and **Transcript** (for high school students) with the referral.

**Student Referral Information**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ BD \_\_\_\_/\_\_\_\_/\_\_\_\_ M/F \_\_\_\_\_

District \_\_\_\_\_ Home School \_\_\_\_\_ Date of referral \_\_\_\_\_

Referring Person \_\_\_\_\_ Phone Number \_\_\_\_\_

**Length of placement:** \_\_\_\_\_ **Suspension days to date:** \_\_\_\_\_ **Start Date:** \_\_\_\_\_

1. List and describe the specific behaviors, incidents and resulting consequences that have led to this referral.
2. List and describe the interventions that have been tried to extinguish the problem behaviors and replace them with acceptable behaviors.

**Contact Person for this student: (PRINT)** \_\_\_\_\_

**Student work assignment(s) & behavior report(s) to be fax at number:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Referring Representative**