THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
REQUEST FOR CONSIDERATION OF BEHAVIOR INTERVENTION PROGRAM (K-12)

(PLEASE PRINT)

HOME SCHOOL: _____ DATE: _____

NAME OF STUDENT: _____ DOB: _____
(Last) (First) (Middle)

FL. ID/SS: _____ GRADE: _____ RACE: _____ SEX: _____ *ESE? ❑ Yes ❑ No

PARENT/GUARDIAN: _____ TELEPHONE: (Home) _____ (Work) _____

(Other) _____

ADDRESS: _____ _____ _____
(Number & Street) (City) (Zip Code)

As explained in the attached letter, I am hereby requesting a review of the information below for consideration of a Behavior Intervention Program for the above-named student. <u>If needed, please indicate the reason for missing parental signature.</u>

_____
Principal Signature Date

_____ _____
School Contact Person Signature Date School Contact Person Name/Title (Please Print)

As the parent/guardian of the above-named student, I am aware that the school is considering that my child be assigned to a Behavior Intervention Program. ***My signature indicates that I understand the process and am aware that the assignment, if made, is <u>INVOLUNTARY.</u>***

_____
Parent Signature Date

FORWARD THIS FORM TO THE DISTRICT STUDENT SERVICES OFFICE FOR REVIEW AND ATTACH THE FOLLOWING <u>FOR K-12 UNLESS OTHERWISE SPECIFIED</u>:

- Letter from principal/designee outlining the reasons for this request, delineating all school-based attempts to ameliorate this situation, and including any other pertinent information. (If ESE, please include statement that ESE issues were addressed and discussed prior to submission.)
- Most recent Psychosocial evaluation **(required K-12)**
- Most recent Psychological evaluation (**required K-5; required 6-12 only if recommended by School-Based Committee)**
- **Eligibility Form if an evaluation was completed. All reports must be staffed prior to submission.**
- School-Based Committee Recommendation Form (**required 6-12 for Regular Education and Gifted Students only**)
- **<u>Copy of the Positive Behavioral Intervention Plan (PBIP) based on a Functional Behavioral Assessment (FBA)</u>**
- **For *ESE student, in addition to the above, the following is required:**
  - A copy of the current IEP
  - **<u>Letter from ESE Director or designee regarding IEP implementation</u>**
- Record of Outside Agency Involvement if applicable
- Current updated TERMS Panels **<u>(Do not need to include in packet, but must be updated prior to submission of packet):</u>**

A06	Health Information	A13	Academic History	A23	Special Programs
A07	Assignment History	A15	Daily Summary	A24	Discipline
A10	Current Schedule	A21	Test Scores	L27	Student Support Interventions and Comments

Documentation should be submitted in the order listed above. Please note that if documentation is not complete, the folder will be returned to the home school principal for completion prior to being considered by the committee.

Student Services Office Use Only
This information has been reviewed and the consideration for assignment to a Behavior Intervention School has been:
❑ Approved

❑Disapproved
❑Cypress Run ❑ Pine Ridge ❑Lanier James

_____
Executive Director, Student Support Initiatives Signature **Date**

*Not including Exceptional Student Education (ESE) Students who are Gifted only