

7THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
REQUEST FOR CONSIDERATION OF BEHAVIOR INTERVENTION PROGRAM (K-12)

(PLEASE PRINT)

CURRENT 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. If needed, please indicate the reason for missing parental signature.

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 INVOLUNTARY.*
No parent signature, please explain:

Parent Signature _____ Date _____

Please note: If the student is in foster care, please contact the Foster Care Office at 754-321-1565.

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

1. 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.)
2. Most recent Psychosocial evaluation (**required K-12; completed within the past 3 years**)
3. Most recent Psychological evaluation (**required K-5; required 6-12 only if recommended by School-Based Committee**)
4. **Eligibility Form if an evaluation was completed. All reports must be staffed prior to submission.**
 - a. School-Based Committee Recommendation Form (**required 6-12 for Regular Education and Gifted Students only**)
 - b. **Copy of the Positive Behavioral Intervention Plan (PBIP) based on a Functional Behavioral Assessment (FBA)**
5. **For an *ESE student, in addition to the above, the following is required:**
 - a. A copy of the current IEP
 - b. **Letter from ESE Director or designee regarding IEP implementation**
6. Record of Outside Agency Involvement if applicable
7. RtI documentation from initial concern(s) to current must be in BASIS RtI (**Committee will review online in BASIS RtI do NOT print**)
 - Current updated TERMS Panels (**Do not need to include in packet, but must be updated prior to submission of packet**):

| | | |
|------------------------|----------------------|--|
| 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.

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