



THE SCHOOL DISTRICT OF PALM BEACH COUNTY
DEPARTMENT OF DROPOUT PREVENTION/ALTERNATIVE EDUCATION (DOP/AE)

Exceptional Student Education (ESE) Behavior Interventions Referral Procedures Checklist

(Do not use for ESE/Interim Alternative Setting (IAES) Placement)

The Area Alternative Education (AE) ESE Placement Liaison and the sending school's ESE contact review the Referral Packet, sign this Checklist, and present it to the sending school's Principal for signature. The Area AE ESE Placement Liaison then sends the original of this completed checklist and the completed Referral Packet to the Department of Dropout Prevention/Alternative Education for review and Designee's signature. Area AE ESE Placement Liaison forwards a copy of the packet to the receiving school. DOP/AE notifies the Area Superintendent of student eligibility and Referral Packet completion. The Area office returns signed Alternative Education Placement Letter to DOP/AE. Assistant Superintendent signs final approval/disapproval of placement and the Area Office notifies the sending and receiving schools.

Student Name		Student ID #	Grade	Date of Birth
Current School		Current School #	Home School	
Person Completing Packet		Title		
Telephone	PX	E-mail Address		

Primary Exceptionality _____

For each of the following sections, check each applicable item.

- A) Current school schedules **Individual Education Plan (IEP) Team meeting** and sends **Parent Participation Notification (PBSD 0298)** indicating that the meeting's purpose is to review the current IEP and to consider placement in an Dropout Prevention/Alternative Education program.

MUST ATTEND	MUST BE INVITED
<input type="checkbox"/> 1. Local Education Agency representative <input type="checkbox"/> 2. Area Alternative Education ESE Placement Liaison <input type="checkbox"/> 3. ESE teacher <input type="checkbox"/> 4. General education teacher <input type="checkbox"/> 5. Evaluation specialist	<input type="checkbox"/> 1. Custodial parent/guardian <input type="checkbox"/> 2. Student (if turning 14 years old during term of IEP or if otherwise appropriate) <input type="checkbox"/> 3. Home school administrator or designee <input type="checkbox"/> 4. DOP/AE Principal and ESE Contact from AE site <input type="checkbox"/> 5. School Based Team Case Liaison [if applicable] <input type="checkbox"/> 6. Juvenile Probation Officer or other outside agency representative [if appropriate] <input type="checkbox"/> 7. Representative of agencies that may be responsible for providing transition services for students in 9th grade or higher or who are 16 years of age or older <input type="checkbox"/> 8. Translator [if appropriate] <input type="checkbox"/> 9. ELL Contact [if appropriate]

- B) Current School's Individual Education Plan (IEP) Team collects the following documentation pertaining to student performance, attendance, disciplinary infractions, and behavior interventions

- | | |
|--|---|
| <input type="checkbox"/> 1. Recent Functional Behavior Assessment (FBA)/Behavior Intervention Plan (BIP) with signed Consent for Individual Student Reevaluation (PBSD 0939)
<input type="checkbox"/> 2. Documentation of sufficient and appropriate interventions and data targeting specific concerns of behavior(s), including Behavior Intervention Plan (BIP)
<input type="checkbox"/> 3. Completed Manifestation Determination (PBSD 2041) | <input type="checkbox"/> 4. EDW RSSOA0082 (Sec. or Elem.)
<input type="checkbox"/> 5. Log of contacts with custodial parent/guardian regarding concerns and behavior/discipline
<input type="checkbox"/> 6. Log of guidance counselor interventions
<input type="checkbox"/> 7. Log of administrator interventions
<input type="checkbox"/> 8. SBT Referral (PBSD 2106) [if applicable]
<input type="checkbox"/> 9. Progress Monitoring Plan (PMP) (PBSD 1739 grades K-5 or PBSD 1687 grades 6-12) [if applicable] |
|--|---|

**Exceptional Student Education (ESE)
Behavior Interventions
Referral Procedures Checklist**

Student Name	Student ID #
--------------	--------------

C) At the meeting, the IEP Team:

- 1. Reviews all documentation from item B of this checklist
- 2. Reviews current IEP and current academic and behavior performance levels including interventions and data
- 3. Documents progress of mastery towards goals and objectives to date, including behavior goals
- 4. Reviews and modifies existing BIP to address the behavior as necessary
- 5. Reviews current TERMS screens (A03, A05, A06, A07, A08, A10, A12, A13, A14, A15, A17, A21, A23, A24 and L24)
- 6. Reviews PMP (PBSD 1739 or PBSD 1687) [if appropriate]
- 7. Determines whether student meets student profile for the DOP/AE program
- 8. Determines whether the IEP can be implemented at the DOP/AE site
- 9. Decides on appropriate learning environment/placement for student

NOTE: An ESE student may not be unilaterally moved to a Dropout Prevention/Alternative Education site. A decision to recommend a Dropout Prevention/Alternative Education placement must be made by consensus of the IEP Team and parent agreement.

D) If the IEP Team recommends placement in an AE program/school, the current school ESE Contact and Area ESE/Alternative Education Placement Liaison coordinate the following completed items to be included with the Referral Packet:

- | | |
|---|--|
| <input type="checkbox"/> 1. All documentation for items B and C of this checklist | <input type="checkbox"/> 7. ESE Matrix (PBSD 2000) |
| <input type="checkbox"/> 2. DOP/AE Eligibility/Consent for Placement (PBSD 1546) signed by parent and Principal which documents written notification to custodial parent/guardian regarding the right to request a meeting with the Area Superintendent (or designee) | <input type="checkbox"/> 8. Most recent ESE Student Reevaluation (PBSD 1366) including copy of Parent Consent for Individual Student Reevaluation (PBSD 0939) |
| <input type="checkbox"/> 3. All Conference Records (PBSD 1051/1051A) pertaining to this Dropout Prevention/Alternative Education referral | <input type="checkbox"/> 9. Most recent psycho-educational evaluation including copy of Parent Consent for Individual Student Evaluation (PBSD 0297) |
| <input type="checkbox"/> 4. Parent Participation Notification form (PBSD 0298) notifying parent of educational placement consideration | <input type="checkbox"/> 10. <u>Updated</u> : TERMS A23 screen reflecting <ul style="list-style-type: none"> <input type="checkbox"/> new IEP and/or evaluation due dates <input type="checkbox"/> revised ESE Matrix (PBSD 2000) <input type="checkbox"/> DOP/AE Placement in progress |
| <input type="checkbox"/> 5. IEP (PBSD 0659) | <input type="checkbox"/> 11. <u>Updated</u> PMP (PBSD 1687 or PBSD 1739) [if appropriate] |
| <input type="checkbox"/> 6. Prior Written Notice (Change of Placement/FAPE) (PBSD 1723) | <input type="checkbox"/> 12. TERMS A06 screen, initialed and dated by school nurse, verifying immunization compliance |

E) Indicate the recommended program, and the diploma option:

NOTE: The sending school is responsible for arranging transportation.

<p><u>Behavior Interventions</u> Elementary School</p> <ul style="list-style-type: none"> <input type="checkbox"/> Gold Coast <input type="checkbox"/> Crossroads Academy 	<p><u>Behavior Interventions</u> Middle and High School</p> <ul style="list-style-type: none"> <input type="checkbox"/> Intensive Transition South <input type="checkbox"/> Turning Points Academy <input type="checkbox"/> Intensive Transition West 	<p><u>Diploma Options</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Standard Diploma <input type="checkbox"/> Special Diploma <ul style="list-style-type: none"> <input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2
---	--	--

**Exceptional Student Education (ESE)
Behavior Interventions
Referral Procedures Checklist**

Student Name	Student ID #
--------------	--------------

F) Signing below indicates that:
(1) the Dropout Prevention/Alternative Education Referral Packet is complete, (2) the referred student meets the criteria for placement in the recommended program, and (3) the referred student meets immunization requirements.

Signature of Principal

Date

Signature of DOP/AE, ESE Contact (sending school)

Date

Signature of Alternative Education Placement Liaison

Date

**Forwarded to Dropout Prevention/
Alternative Education**

- By Pony**
 Hand-delivered

Date

DROPOUT PREVENTION/ALTERNATIVE EDUCATION USE ONLY