



THE SCHOOL DISTRICT OF PALM BEACH COUNTY
DEPARTMENT OF DROPOUT PREVENTION/ALTERNATIVE EDUCATION

Regular Education Behavior Interventions Referral Procedures Checklist

The Area Alternative Education (AE) Placement Liaison and the sending school's DOP/AE Contact review the Referral Packet, sign this checklist, and present it to the sending school's Principal for signature. The Area AE 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 Placement Liaison forwards a copy of the Referral 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 of the approved placement.

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

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

- A) Principal's designee schedules a School Based Team (SBT) meeting and invites the following:
- | | |
|---|---|
| <input type="checkbox"/> 1. Alternative Education Area Placement Liaison (attendance required) | <input type="checkbox"/> 6. SBT Case Liaison |
| <input type="checkbox"/> 2. DOP/AE Principal and Contact from desired Behavior Intervention program or school | <input type="checkbox"/> 7. General education teacher |
| <input type="checkbox"/> 3. Custodial parent/guardian | <input type="checkbox"/> 8. School guidance counselor |
| <input type="checkbox"/> 4. Student | <input type="checkbox"/> 9. 504 designee/representative [if appropriate] |
| <input type="checkbox"/> 5. School administrator | <input type="checkbox"/> 10. ELL representative [if appropriate] |
| | <input type="checkbox"/> 11. Translator [if appropriate] |
| | <input type="checkbox"/> 12. Juvenile Probation Officer or other outside agency representative [if appropriate] |
- B) Current school School Based Team (SBT) collects the following documentation pertaining to student performance, attendance, disciplinary infractions, and behavior interventions:
- | | |
|--|---|
| <input type="checkbox"/> 1. Documentation of SBT Referral (PBSD 2106) | <input type="checkbox"/> 6. Response to Intervention (RTI) Process Worksheet (PBSD 2284) |
| <input type="checkbox"/> 2. EDW RSSOA0082 (Secondary or Elementary) | <input type="checkbox"/> 7. Progress Monitoring Plan (PMP) (PBSD 1739 - grades K-5 or PBSD 1687 - grades 6-12) [if appropriate] |
| <input type="checkbox"/> 3. Documented contacts with custodial parent/guardian regarding areas of concerns proposed interventions, progress status and discussion of possible DOP/AE consideration | <input type="checkbox"/> 8. 504 Modification Plan (PBSD 1470 - Elem. or PBSD 1595 - MS/HS) [if appropriate] |
| <input type="checkbox"/> 4. Log of guidance counselor regarding areas of concerns [if appropriate] | <input type="checkbox"/> 9. Copy of certified mail receipt, dated at least 10 days prior to meeting, notifying parent of AE consideration |
| <input type="checkbox"/> 5. Log of administrator interventions [if appropriate] | |
- C) Responsibilities of SBT during meeting:
- 1. Review documentation from item B of this checklist, attach all documentation
 - 2. Document in Conference/Staffing Records (PBSD 1051/1051A)
 - a. Previously implemented interventions recommended by SBT for behavior (academic if applicable), and results
 - b. Input from parent/guardian (if in attendance, via telephone, or in writing)
 - c. Review current TERMS screens (A03, A05, A06, A07, A08, A10, A12, A13, A14, A15, A17, A21, A23, A24 and L24)
 - d. Determination of appropriate placement

**Regular Education Behavior
Interventions Referral Procedures
Checklist**

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

D) If the SBT recommends placement in a Behavior Intervention Program, the sending Principal's designee and Area Alternative Education Placement Liaison coordinate the following items to be included with the Referral Packet:

- 1. All documentation from items B and C of this checklist
- 2. Updated TERMS A23 screen to indicate Dropout Prevention/Alternative Education placement in progress
- 3. All Conference Records (PBSD 1051/1051A) including SBT and follow-up
- 4. Dropout Prevention/Alternative Education Eligibility/Consent for Placement (PBSD 1546) which documents written notification to custodial parent/guardian regarding the right to request a meeting with the Area Superintendent (or designee) and the right to request an evaluation to consider eligibility for exceptional student educational services
- 5. Updated PMP (PBSD 1687 or PBSD 1739) signed by principal, teacher/guidance counselor and custodial parent/guardian (for any student currently failing Reading, English/Language Arts, or Mathematics and/or any student whose TERMS A08 screen indicates the need for a PMP)
- 6. Updated 504 Accommodations Plan (PBSD 1470 Elementary or PBSD 1595 - MS/HS) [if appropriate]
- 7. TERMS A06 screen, initialed and dated by school nurse, verifying immunization compliance

E) Indicate the recommended program.

NOTE: The sending school is responsible for arranging transportation.

**Behavior Interventions
Elementary School**

- Gold Coast
- Crossroads Academy

**Behavior Interventions
Middle and High School**

- Intensive Transition South
- Turning Points Academy
- Intensive Transition West

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 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