



THE SCHOOL DISTRICT OF
PALM BEACH COUNTY, FLORIDA

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September 5, 2012
Bulletin # MHP-734-SLE/SIS

Contact Person:

Kim C. Williams, PX81569

**ACTION BY:
Information Only**

TO: Secondary School Principals

FROM: Janis Andrews, Ed.D., Chief Academic Officer 

SUBJECT: FACE IT ALTERNATIVE TO SUSPENSION PROGRAM

FACE ITSM is the District's award-winning substance abuse prevention and early intervention program. FACE ITSM has served as an alternative to suspension for students who violate alcohol, tobacco or other drug (ATOD) possession and use policies. Due to funding limitations, FACE ITSM will not be available the first semester of this school year. We look forward to resuming operation in January, 2013.

An Alternative to Suspension for ATOD infractions is required by the Code of Student Conduct. Please refer to the following forms and attachments.

Alternative to Suspension for Alcohol and Other Drugs form 1435

<http://www.palmbeachschools.org/Forms/Documents/1435.pdf>

Alternative to Suspension for Alcohol and Other Drugs Suggested Provider List

<http://www.palmbeachschools.org/forms/documents/links/1435ProvList2012.pdf>

Alternative to Suspension for Tobacco - First Offense form 1453

<http://www.palmbeachschools.org/Forms/Documents/1453.pdf>

Alternative to Suspension for Tobacco - Second Offense form 1454

<http://www.palmbeachschools.org/Forms/Documents/1454.pdf>

Alternative to Suspension for Tobacco Suggested Smoking Cessation Programs


http://www.palmbeachschools.org/forms/documents/links/SCPL_EG2012.pdf

A letter will be sent by Student Intervention Services to those students and families who started or were referred last year with the suggested provider lists attached.

EWG:JA:JL:EVA:KW:mk

Attachments

Approved:



E. Wayne Gent, Superintendent

Palm Beach County Schools—Rated "A" by the Florida Department of Education 2005-2012

"Home of Florida's First LEED Gold Certified School"

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The School District of Palm Beach County is an Equal Education Opportunity Provider and Employer.

ALTERNATIVE TO SUSPENSION FOR ALCOHOL AND OTHER DRUGS SUGGESTED PROVIDER LIST

The student's family may choose any licensed practitioner to conduct an assessment. The agencies listed below are familiar with the School District's Alternative to Suspension Program.

Name of Provider	Contact Person Phone Number	Total Cost for Three-Part Assessment
<p style="text-align: center;">The Banyan Group 3898 Via Poinciana Drive, Suite 13 Lake Worth, FL 33467</p> <p style="text-align: center;">9200 Belvedere Road, Suite 103 Royal Palm Beach, FL 33411</p> <p style="text-align: center;">2385 Executive Center Drive, Suite 100 Boca Raton, FL 33431</p> <p style="text-align: center;">4440 PGA Boulevard, Suite 600 Palm Beach Gardens, FL 33410</p> <p style="text-align: center;">1920 Palm Beach Lakes Boulevard, Ste 118 West Palm Beach, FL 33409</p>	<p>Richerd Whittemore (561) 967-2566 (561) 967-4556 Fax</p>	<p>"No Fee" Assessment Academic School Year 2012-2013</p>
<p>Best Life Counseling 1001 W. Indiantown Rd., Ste 107 Jupiter, FL 33458</p>	<p>Jennifer Benaim (561)745-8889</p>	<p>Please call for fee schedule 561-745-8889</p>
<p>Counseling Services of Lake Worth 416 North Dixie Highway Lake Worth, FL 33460</p>	<p>Steve Ladd (561) 547-0303 (561) 547-0050 Fax</p>	<p>\$75.00 – 3 sessions (\$35 urinalysis for a 5 panel drug test)</p>
<p>Drug Abuse Treatment Association (DATA) 1720 East Tiffany Drive, Suite 102 Mangonia Park, FL 33407</p>	<p>(561) 844-3556 (561) 845-0316 Fax</p>	<p>\$50.00 – 3 sessions (\$25 urinalysis for a 5 panel drug test)</p>
<p>Drug Testing & Counseling Services 2677 Forest Hill Boulevard, Suite 102 West Palm Beach, FL 33406</p>	<p>Laura Carakatsanis (561) 433-0123 (561) 967-3484 Fax</p>	<p>\$100.00 – 3 sessions (includes cost of urinalysis)</p>
<p>Linda Berlin, Psy.D. & Psychological Associates 7000 Palmetto Park Road, Suite 407 Boca Raton, FL 33433</p>	<p>Kimberlee Trinkofsky (561) 347-0997 (561) 347-0996 Fax</p>	<p>\$525.00 Sliding scale fees available Most insurance accepted</p>
<p>New Options 12794 W. Forest Hill Boulevard, Suite 18B Wellington, FL 33414</p>	<p>Gwen Johnson (561) 795-1518 (561) 795-1629 Fax</p>	<p>\$90.00 – 3 sessions (plus cost of urinalysis)</p>
<p>Palm Beach Counseling, LLC Glades Medical Center, 9325 Glades Rd., Ste 208 Boca Raton, FL 33434 Wellington Reserve, Suite 315 1035 State Rd. 7, Wellington, FL 33414</p>	<p>Amanda Bartell (561) 797-3900 (561) 482-2690 Fax</p>	<p>\$90.00 – 3 sessions (includes cost of drug test) Insurance accepted</p>

Student Intervention Services, Department of Safe Schools
School District of Palm Beach County
1160 Avenue N Riviera Beach, FL 33404
Phone (561) 494-1547 Fax (561) 494-1557

Effective May 2012

ALTERNATIVE TO SUSPENSION FOR TOBACCO SUGGESTED SMOKING CESSATION PROGRAMS

The student's family may choose any provider to provide a Smoking Cessation Class. The agencies listed below are familiar with the Alternative to Suspension for Tobacco Program and provide classes for adolescents.

Name of Provider	Contact Person and Phone Number	Cost for Smoking Cessation Classes and Number of Sessions
<p style="text-align: center;">The Banyan Group 2385 Executive Center Drive, Suite 100 Boca Raton, FL 33498</p> <p style="text-align: center;">4440 PGA Boulevard, Suite 600 Palm Beach Gardens, FL 33410</p> <p style="text-align: center;">1920 Palm Beach Lakes Boulevard, Suite 118 West Palm Beach, FL 33409</p>	<p>Richerd Whittemore (561) 967-2566 (561) 967-4556 Fax</p>	<p>"No Fee" Assessment Academic School Year 2012-2013</p>
<p>Best Life Counseling 1001 W. Indiantown Rd., Ste 107 Jupiter, FL 33458</p>	<p>Jennifer Benaim (561)745-8889 (561)354-0189 Fax</p>	<p>3 sessions \$45.00 Open Enrollment</p>
<p>Drug Testing & Counseling Services 2677 Forest Hill Boulevard, Suite 102 West Palm Beach, FL 33406</p>	<p>Laura Carakatsanis (561) 433-0123 (561) 967-3484 Fax</p>	<p>6 Sessions \$30 / Session Open Enrollment</p>
<p>New Options 12794 W. Forest Hill Boulevard, Suite 18B Wellington, FL 33414</p>	<p>Cassandra Sierra (561) 795-1518 (561) 795-1629 Fax</p>	<p>3 Sessions \$35 / Session Open Enrollment</p>
<p>Palm Beach Counseling, LLC Glades Medical Center, 9325 Glades Rd., Ste 208 Boca Raton, FL 33434</p> <p style="text-align: center;">Wellington Reserve, Suite 315 1035 State Rd. 7, Wellington, FL 33414</p>	<p>Amanda Bartell (561) 797-3900 (561) 482-2690 Fax</p>	<p>5 Sessions \$40 / Session Open Enrollment</p>

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Effective May 2012



THE SCHOOL DISTRICT OF PALM BEACH COUNTY
 STUDENT INTERVENTION SERVICES
 3330 Forest Hill Blvd., West Palm Beach, FL 33406-5870

Brochure

Date
Student Number

Alternative to Suspension for Tobacco - First Offense

Student Name	Grade	School
Student Address		

The student named above has been suspended for a mandatory 10-day Out-of-School Suspension for:

An Alternative to Suspension (ATS) for Tobacco program exists for Palm Beach County Schools that allows for a waiver of up to seven (7) days of the mandatory 10-day suspension. To receive seven (7) days in abeyance (held aside), the student, voluntarily, and with the consent and encouragement of the parent/caregiver, must complete one of the following options:

- 1) FACE IT (Families Acting Collaboratively to Educate and Involve Teens), an education and prevention program offered by Student Intervention Services in the Department of Safe Schools. Requirement: student must attend orientation plus five (5) consecutive sessions, each session with a parent(s)/caregiver.
- 2) Completion of a smoking cessation program. Requirement: student must attend all sessions.

At the time of your child's suspension, the school administrator will give you the FACE IT Program brochure and the Suggested Smoking Cessation Program List. To enroll in FACE IT, go to <http://www.faceitenrollment.com/> and complete the requested information. For enrollment problems, call 561-494-1547. You may contact a provider directly to enroll in the smoking cessation program.

Program List - English

Program List - Spanish

Program List - Creole

To turn the last seven (7) suspension days into days held in abeyance (held aside), you, as the student's parent/caregiver, must take action within the first three (3) days of the Out-of-School Suspension. You are required to bring this Alternative to Suspension for Tobacco Form with you to the FACE IT program or to the smoking cessation program. Upon completion of either program, this form will be returned to you. It is your responsibility to ensure that the form is submitted to the school administrator within five (5) days of completion of the ATS program.

If your child does not complete the FACE IT program or the smoking cessation program, the administrator can suspend your child from school for the remainder of the 10-day suspension.

Signature of Student _____	Date _____	Date of Suspension _____
Signature of Parent/Caregiver _____	Date _____	Return Date (with Alternative Registration) _____
Signature of School Administrator _____	Date _____	Return Date (if NO Alternative Program) _____

The above-named student participated, as indicated below, in the FACE IT Program or a smoking cessation program.

FACE IT Program Completed program Did not complete program (Explain below)

Session 1 Date _____ Session 2 Date _____ Session 3 Date _____

Session 4 Date _____ Session 5 Date _____

Comments/Recommendations _____

Smoking Cessation Program Completed program Did not complete program (Explain below)

Start Date _____ End Date _____ Number of Sessions _____

Comments/Recommendations _____

I certify that the student named above has completed the FACE IT Program or a smoking cessation program for the Alternative to Suspension for Tobacco program.

School Location or Name of Agency _____ Signature of Smoking Cessation/FACE IT Facilitator _____ Date _____

Smoking Cessation/FACE IT Facilitator Telephone _____ Print Name of Smoking Cessation/FACE IT Facilitator _____



THE SCHOOL DISTRICT OF PALM BEACH COUNTY
 STUDENT INTERVENTION SERVICES
 3300 Forest Hill Blvd. West Palm Beach, FL 33406-5870

Brochure
Providers List

DATE
STUDENT NUMBER

Alternative to Suspension for Alcohol and Other Drugs

STUDENT NAME	GRADE	SCHOOL
STUDENT ADDRESS		

The student named above has been suspended for a mandatory 10-day Out-of-School Suspension for:

An Alternative to Suspension (ATS) for Alcohol and Other Drugs program exists for Palm Beach County Schools that allows for a waiver of up to five (5) days of the mandatory 10-day suspension. To receive five (5) days in abeyance (held aside), the student, voluntarily, and with the consent and encouragement of the parent/caregiver, must complete one of the following options:

- 1) FACE IT (Families Acting Collaboratively to Educate and Involve Teens), an education and prevention program offered by Student Intervention Services in the Department of Safe Schools. Requirement: student attends orientation plus five (5) consecutive sessions, each session with a parent(s)/caregiver.
- 2) A substance abuse assessment conducted by a licensed provider. Requirement: student must attend three (3) sessions, including one family session.

At the time of your child's suspension, the school administrator will give you the FACE IT Program brochure and the ATS for Alcohol and Other Drugs Suggested Provider List. To enroll in FACE IT, go to www.FACEITenrollment.com and complete the requested information. For enrollment problems, call 561-494-1547.

To turn the last five (5) suspension days into days held in abeyance (held aside), you, as the student's parent/caregiver, must take action within the first five (5) days of the Out-Of-School Suspension. You are required to bring this Alternative to Suspension for Alcohol and Other Drugs Form with you to the FACE IT program or to the substance abuse assessment provider agency. Upon completion of the program or assessment, this form will be returned to you. It is your responsibility to ensure that the form is submitted to the school administrator within five (5) days of completion.

If your child does not complete the FACE IT program or the substance abuse assessment, the administrator can suspend your child from school for the remainder of the 10-day suspension.

_____ SIGNATURE OF STUDENT	_____ DATE	Date of Suspension _____
_____ SIGNATURE OF PARENT/ CAREGIVER	_____ DATE	Return Date (with Alternative Registration) _____
_____ SIGNATURE OF SCHOOL ADMINISTRATOR	_____ DATE	Return Date (if NO Alternative Program) _____

The above-named student participated, as indicated below, in FACE IT or an assessment of a possible substance abuse problem.

FACE IT Program Completed program Did not complete program (Explain below)

Session 1 Date _____ Session 2 Date _____ Session 3 Date _____

Session 4 Date _____ Session 5 Date _____

Comments/Recommendations _____

Provider/Agency An assessment must be completed by a licensed provider.

Completed program Did not complete program (Explain below)

Intake Date _____ Education Session Date _____ Family Meeting Date _____

The assessment was concluded on the following date _____

Comments/Recommendations _____

I certify that the student named above has completed the FACE IT program or a substance abuse assessment program for the Alternative to Suspension for Alcohol and Other Drugs program.

SCHOOL LOCATION OR NAME OF AGENCY

SIGNATURE OF PROVIDER/FACE IT FACILITATOR

DATE

LICENSE/CERTIFICATE

PRINT NAME OF PROVIDER/FACE IT FACILITATOR

TELEPHONE