

THE SCHOOL DISTRICT OF
PALM BEACH COUNTY, FLORIDA
STUDENT INTERVENTION SERVICES
c/o Lincoln Elementary
1160 Avenue N
Riviera Beach, FL 33404

Ph: 561-494-1569 Fx: 561-494-1470 www.palmbeachschools.org/sis

ELLEN VAN ARSDALE DIRECTOR JANIS ANDREWS, ED. D. CHIEF ACADEMIC OFFICER

JOSEPH M. LEE, ED. D.
ASSISTANT SUPERINTENDENT

# January 25, 2013 Bulletin #MHP-750-SLE/SIS

Contact:

Kim C. Williams, PX 81569
Kim.williams1.palmbeachschools.org

Action By: Information Only

TO: All Middle and High School Principals

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

SUBJECT: CHOICE TO CHANGE--ALTERNATIVE TO SUSPENSION (ATS) PROGRAM FOR

ALCOHOL, TOBACCO, AND OTHER DRUGS--REPLACES FACE-IT

An Alternative to Suspension for Alcohol, Tobacco, and other Drug Use (ATOD)/Possession infractions is required by the Discipline Guide. Participation in an ATS program supports students' academic progress by: 1) reducing the number of days out-of-school for suspension; 2) offering education about the risks and dangers of substance use; and 3) teaching life skills for making healthier decisions. "Teen tobacco, alcohol, and marijuana users are at least twice as likely as nonusers to have poor grades and teen marijuana users are approximately twice as likely as nonusers to drop out of high school." (Adolescent Substance Use: America's #1 Public Health Problem, June 2011).

We are pleased to announce that starting January 29, 2013, a new program, Choice to Change, will be piloted as an Alternative to Suspension for Alcohol, Tobacco, and Other Drugs. Suspended youth may choose to attend: 1) Choice to Change; 2) an alcohol or other drug assessment by a licensed provider; or 3) a tobacco cessation class. Families determine which of these options best meet their needs and enroll accordingly.

If the student and parent select Choice to Change, the parent(s)/guardian(s) are required to attend with their child. Students who violate tobacco policy will be required to attend three sessions (first offense); those who violate alcohol and other drug policies or commit a second tobacco offense will be required to attend six sessions. They must call 561-745-1779 to register.

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January 25, 2013

SUBJECT:

CHOICE TO CHANGE—ALTERNATIVE TO SUSPENSION PROGRAM FOR ALCOHOL, TOBACCO, AND OTHER DRUGS

The program will be conducted on Tuesdays at Spanish River High School, Wednesdays at Santaluces High School, and Thursdays at Palm Beach Gardens Community High School. New family orientation will be 5:30-6:15 pm. The program will operate from 6:30-8:00 pm.

When a student is suspended for an ATOD use/possession, one of the following forms must be utilized. The student must bring the ATS form that corresponds to the suspension to the program in order for Choice to Change to document attendance and completion. Choice to Change is now included as an option.

Alternative to Suspension for Alcohol and Other Drugs form 1435 <a href="http://www.palmbeachschools.org/Forms/Documents/1435.pdf">http://www.palmbeachschools.org/Forms/Documents/1435.pdf</a>

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

The ALTERNATIVE TO SUSPENSION FOR ALCOHOL AND OTHER DRUGS SUGGESTED PROVIDER LIST is located at

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

The ALTERNATIVE TO SUSPENSION FOR TOBACCO SUGGESTED SMOKING CESSATION PROGRAMS list is located at

http://www.palmbeachschools.org/forms/documents/links/SCPL\_EG2012.pdf

Choice to Change, Inc. works extensively with Youth Court and comes highly recommended. Student Intervention Services is overseeing program implementation. Please direct questions or comments to the contact person noted above.

EWG/JA/JL/EVA/KCW:mk/cy

Attachments

Approved:

E. Wayne Gent, Superintendent

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#### THE SCHOOL DISTRICT OF PALM BEACH COUNTY STUDENT INTERVENTION SERVICES

**Providers List** 

DATE
STUDENT NUMBER

3300 Forest Hill Blvd. West Palr		Alcohol and Other Drugs	STUDENT NUMBER
STUDENT NAME	GRADE	SCHOOL SCHOOL	
STUDENT ADDRESS			
The student named above has been suspende	d for a mandatory	10-day Out-of-School Suspension for:	
An Alternative to Suspension (ATS) for Alcoh for a waiver of up to five (5) days of the mand student, voluntarily, and with the consent an options:	atory 10-day susp	pension. To receive five (5) days in abeva	nce (held aside), the
<ol> <li>Choice to Change, an educational program Services. Requirement: Student and paren</li> </ol>	m offered by Cho t/caregiver must a	oice to Change, Inc. and coordinated by attend six (6) consecutive sessions.	Student Intervention
<ol> <li>A substance abuse assessment conducted including one family session.</li> </ol>	d by a licensed p	provider. Requirement: student must atten	nd six (6) sessions,
At the time of your child's suspension, the sch and the Suggested Smoking Cessation Program	ool administrator m List. To enroll i	will give you the Choice to Change (C2C) in Choice to Change, call 561-745-1779.	contact information
To turn the last five (5) suspension days into dake action within the first five (5) days of the Suspension for Alcohol and Other Drugs For assessment provider agency. Upon completion responsibility to ensure that the form is submitted.	ne Out-Of-School rm with you to to on of the program	Suspension. You are required to bring the Choice to Change program or to the or assessment, this form will be returne	this Alternative to e substance abuse d to you. It is your
f your child does not complete the Choice to suspend your child from school for the remaind			
SIGNATURE OF STUDENT	DATE	Return Date (with	
SIGNATURE OF PARENT/ CAREGIVER	DATE	Alternative Registration)	
SIGNATURE OF SCHOOL ADMINISTRATOR	DATE	Return Date (if NO Alternative Program)	
The above-named student participated, as indicated	below, in Choice to	Change or an assessment of a possible substar	nce abuse problem.
Choice to Change	☐ Did not co	omplete program (Explain below)	- N.
Session 1 Date	Session 2 Date		
Session 4 Date	Session 5 Date	Session 6 Date	
Comments/Recommendations			
Provider/Agency An assessment must be o	completed by a lic	ensed provider.	
☐ Completed program	Manager A.	mplete program (Explain below)	
Intake Date Educa	tion Session Date	Family Meeting Date	
The assessment was concluded on the	following date		
Comments/Documents/state			
certify that the student named above has comprogram for the Alternative to Suspension for Al			assessment
SCHOOL LOCATION OR NAME OF AGENCY		SIGNATURE OF PROVIDER/CHOICE TO CHANGE FACILIT.	ATOR DATE
		The state of the s	

LICENSE/CERTIFICATE

PRINT NAME OF PROVIDER/CHOICE TO CHANGE FACILITATOR

TELEPHONE



# THE SCHOOL DISTRICT OF PALM BEACH COUNTY STUDENT INTERVENTION SERVICES

DATE	
STUDENT	NUMBER

### Alternative to Suspension for Tohacco - First Offense

Student Name	Grade	School		
Student Address				
The student named above has been suspended	for a mandatory	5-day Out-of-S	School Suspension for:	
An Alternative to Suspension (ATS) for Tobacco to three (3) days of the mandatory 5-day suspen voluntarily, and with the consent and encourager	sion. To receive	three (3) days	s in abeyance (held aside), t	he student.
<ul><li>Choice to Change, an educational program o Services. Requirement: student and parent/c</li></ul>	ffered by Choice aregiver must a	e to Change, Interection (3)	nc. and coordinated by Stud consecutive sessions.	ent Intervention
2) Completion of a smoking cessation program.	Requirement:	student must a	ttend all sessions.	
At the time of your child's suspension, the school and the Suggested Smoking Cessation Program	l administrator List. To enroll	will give you th in Choice to C	e Choice to Change (C2C) hange, call 561-745-1779.	contact information
Program List - English	Program List -	Spanish	Program List - Creole	l
he school administrator within five (5) days of co f your child does not complete Choice to Change your child from school for the remainder of the 5-	e program or the	e smoking cess	sation program, the adminis	
Signature of Student L	Date		Date of Suspension	
Signature of Parent/Caregiver	Date	Re	eturn Date (with Alternative Registration)	
Signature of School Administrator	Date	Return Da	ate (if NO Alternative Program)	,
The above-named student participated, as indicated Choice to Change Program			ange Program or a smoking plete program (Explain below	and the same of th
Session 1 Date Session 1	ession 2 Date		Session 3 Date	
Comments/Recommendations				
Smoking Cessation Program	d program	☐ Did not com	plete program (Explain belov	<i>(</i> )
Start Date E	nd Date		Number of Sessions	
Comments/Recommendations				
certify that the student named above has compared liternative to Suspension for Tobacco program.	eted the Choice	e to Change Pr	ogram or a smoking cessat	on program for the
School Location or Name of Agency	Signat	ure of Smoking	Cessation/Choice to Change Fa	acilitator Date
Smoking Cessation/Choice to Change Facilitator Telep	hone	Print Name of	Smoking Cessation/Choice to	Change Facilitator

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#### CHOOL DISTRICT OF PALM BEACH Y STUDENT INTERVENTION SERVICES

DATE				
STUDEN	T MI	MDS	:D	

Student Name	Grad	le School	
Student Address			
The student named above has bee	en suspended for a mandato	ory 5-day Out-of-School Suspension f	or:
to two (2) days of the mandatory 5	-day suspension. To receiv	sts for Palm Beach County Schools the two (2) days in abeyance (held asie iver, must complete one of the follow	de), the student, voluntarily
		pice to Change, Inc. and coordinated st attend six consecutive sessions.	by Student Intervention
2) Completion of a smoking cessa	ation program. Requiremen	t: student must attend all sessions.	
	ation Program List and the	or will give you the Choice to Change ATS for Alcohol and Other Drugs Su	
Program List - E	English Program	n List - Spanish Program	List - Creole
the school administrator within five  If your child does not complete the suspend your child from school for	Choice to Change program	n or the smoking cessation program, by suspension.	the administrator can
Cianatura of Chadant	Date		
Signature of Student	20.0		
			ernative
	Date	Regis	tration)
Signature of Parent/Caregiver			tration)
Signature of Parent/Caregiver Signature of School Administrator	Date Date	Regis	tration) rogram)
Signature of Parent/Caregiver Signature of School Administrator The above-named student participa	Date Date	Regis Return Date (if NO Alternative P	tration) rogram) smoking cessation program
Signature of Parent/Caregiver Signature of School Administrator The above-named student participa	Date  Date ated, as indicated below, in	Regis  Return Date (if NO Alternative F  the Choice to Change Program or a s  Did not complete program (Explain	tration) rogram) smoking cessation program n below)
Signature of Parent/Caregiver Signature of School Administrator The above-named student participal Choice to Change Program Session 1 Date	Date  Date  Date  Date  Date  Date  Date  Date  Date	Regis  Return Date (if NO Alternative F  the Choice to Change Program or a s  Did not complete program (Explainate Session 3	tration) rogram) smoking cessation program n below)
Signature of Parent/Caregiver Signature of School Administrator The above-named student participal Choice to Change Program Session 1 Date Session 4 Date	Date  Date  Date  Date  ated, as indicated below, in  Completed program  Session 2 Da  Session 5 Da	Regis  Return Date (if NO Alternative F  the Choice to Change Program or a s  Did not complete program (Explainate Session 3	tration) rogram) smoking cessation program n below) Date Date
Signature of Parent/Caregiver Signature of School Administrator The above-named student participal Choice to Change Program Session 1 Date Session 4 Date	Date	Regis  Return Date (if NO Alternative F  the Choice to Change Program or a s  Did not complete program (Explainate Session 3  ate Session 6	tration) rogram) moking cessation program n below) Date Date
Signature of Parent/Caregiver  Signature of School Administrator  The above-named student participal Choice to Change Program  Session 1 Date  Session 4 Date  Comments/Recommendati	Date	Regis  Return Date (if NO Alternative F  the Choice to Change Program or a s  Did not complete program (Explainate Session 3  ate Session 6	tration) rogram) moking cessation program n below) Date Date Jain below)
Signature of Parent/Caregiver  Signature of School Administrator  The above-named student participal Choice to Change Program  Session 1 Date  Session 4 Date  Comments/Recommendati  Smoking Cessation Program  Start Date	Date  Completed program  Date  Date  Date  Date  Date  Date  Date  Date	Regis  Return Date (if NO Alternative F  the Choice to Change Program or a s  Did not complete program (Explainate Session 3  ate Session 6	tration) rogram) smoking cessation program n below) Date Date lain below)
Choice to Change Program  Session 1 Date  Session 4 Date  Comments/Recommendati  Smoking Cessation Program  Start Date  Comments/Recommendati	Date  Session 2 Date  Session 5 Date  Date	Regis  Return Date (if NO Alternative F  the Choice to Change Program or a s  Did not complete program (Explainate Session 3  ate Session 6	tration)  rogram)  moking cessation program n below)  Date  Date  Jain below) sions

Print Name of Smoking Cessation/Choice to Change Facilitator

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

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	
The Banyan Group 2385 Executive Center Drive, Suite 100 Boca Raton, FL 33498  4440 PGA Boulevard, Suite 600 Palm Beach Gardens, FL 33410  1920 Palm Beach Lakes Boulevard, Suite 118 West Palm Beach, FL 33409	Richerd Whittemore (561) 967-2566 (561) 967-4556 Fax	"No Fee" Assessment Academic School Year 2012-2013	
Best Life Counseling	Jennifer Benaim	3 sessions	
1001 W. Indiantown Rd., Ste 107	(561)745-8889	\$45.00	
Jupiter, FL 33458	(561)354-0189 Fax	Open Enrollment	
Drug Testing & Counseling Services	Laura Carakatsanis	6 Sessions	
2677 Forest Hill Boulevard, Suite 102	(561) 433-0123	\$30 / Session	
West Palm Beach, FL 33406	(561) 967-3484 Fax	Open Enrollment	
New Options	Cassandra Sierra	3 Sessions	
12794 W. Forest Hill Boulevard, Suite 18B	(561) 795-1518	\$35 / Session	
Wellington, FL 33414	(561) 795-1629 Fax	Open Enrollment	
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	Amanda Bartell (561) 797-3900 (561) 482-2690 Fax	5 Sessions \$40 / Session Open Enrollment	

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

## **Choice to Change (C2C)**

### **Bulletin # MHP-750-SLE/SIS**

- 1. Parent calls Choice to Change 561-745-1779 to register.

  PARENT/GUARDIAN (Adult) MUST ATTEND ALL SESSIONS WITH STUDENT
  - Youth will take the Alternative to Suspension (ATS) form to the program and return it to the school once he/she completes the sessions required for the offense.
  - 3. New Family Orientation: Arrive 5:15 pm

3 sites (5 class	rooms at each high school site)
Spanish River HS	Tuesdays 6:30 – 8:00 pm
Santaluces HS	Wednesdays 6:30 – 8:00 pm
Palm Beach Garde	ns HS Thursdays 6:30 – 8:00 pm

Tobacco 1st Offense: 5 days suspension

ATS= 3 days held in abeyance if 3 Choice to Change sessions completed

Tobacco 2<sup>nd</sup> Offense: 5 days suspension

ATS= 2 days held in abeyance if 6 Choice to Change sessions completed

Alcohol and Other Drugs 1st Offense: 10 days suspension

ATS= 5 days held in abeyance if 6 Choice to Change sessions completed