



### **POLICY 8.13**

**5-B** I recommend that the Board approve development of the proposed **revised** Policy 8.13, entitled “Dropout Prevention/Alternative Education Manual.”

[Contact: Dr. Janice Cover, PX 48963.]

#### **Development**

#### **CONSENT ITEM**

- This revision incorporates by reference the February 9, 2009 changes to the Dropout Prevention/Alternative Education Manual and all forms referenced therein.
- The more detailed program descriptions are now set forth in the Manual rather than stated within the text of the Policy 8.13.
- This revision incorporates new material for Individual Program Plans and Individual Program Plans for Teenage Parents and includes, among other plan components, the procedures for placement and exit (if applicable), eligibility criteria, equal access, and program objectives.
- This revision also updates statutory references and cites applicable State Board of Education rules.

POLICY 8.13

EDUCATIONAL ALTERNATIVE PROGRAMS DROPOUT  
PREVENTION/ALTERNATIVE EDUCATION MANUAL

- 1  
2  
3  
4 1. Alternative Educational Dropout Prevention/Alternative Education Programs
  - 5 a. The ~~district~~ District school system provides alternative Dropout  
6 Prevention/Alternative Education programs designed to meet the needs of  
7 students who are unmotivated, academically unsuccessful, or have disruptive  
8 behavioral challenges in the regular school environment.
  - 9 b. Dropout Prevention/Alternative Education programs Programs may be long-  
10 term or short-term, and They may also take any form approved by the School  
11 Board, consistent with Florida Statutes and State Board of Education Rules.  
12 pursuant to state statutes and Rules of the State Board of Education.
  - 13 c. The February 9, 2009 revision to the Dropout Prevention/Alternative Education  
14 Manual ~~Alternative Education Program Information and Procedures Manual~~  
15 FY 2001-2002 is incorporated herein by reference and made a part of this  
16 Policy. ~~Said manual~~ The Dropout Prevention/Alternative Education Manual  
17 shall be filed with the Clerk of the School Board as part of this Policy. It and  
18 shall also be available for public inspection in the Office of Public Affairs and  
19 on the District's Dropout Prevention/Alternative Education website, currently  
20 located at: <http://www.palmbeach.k12.fl.us/alternativeed>. ~~These procedures~~  
21 Procedures within the Dropout Prevention/Alternative Education Manual must  
22 be referred to in conjunction with all provisions of this Policy. Both the Policy  
23 and Manual, and each of their provisions, shall be interpreted consistently with  
24 federal and state law.
  - 25 d. All forms referenced in the Dropout Prevention/Alternative Education Manual,  
26 or referred to within those forms, are incorporated herein by reference as a  
27 part of this Policy. Each of the forms may be obtained from Dropout  
28 Prevention/Alternative Education. They can also be found on the District's  
29 Records Management website, located at:  
30 <http://www.palmbeach.k12.fl.us/Records/FormSearch.asp>.
  - 31 e. A master list of current Dropout Prevention/Alternative Education programs,  
32 site locations, and supporting program criteria will be maintained and updated  
33 on the District's Dropout Prevention/Alternative Education website:  
34 <http://www.palmbeach.k12.fl.us/alternativeed>.
- 35 2. Dropout Prevention/Alternative Education Programs - Students Eligible for Services  
36 and/or Under IDEA/Section 504/ADA/ /ELL

- 37 a. Students who are eligible for services under the Individuals with Educational  
38 Disabilities Act ("IDEA") and who are assigned ~~via the *Alternative Educational*~~  
39 ~~*Alternatives Information and Procedures Manual*~~ to ~~alternative education~~  
40 Dropout Prevention/Alternative Education programs according to the Manual's  
41 procedures set forth in the *Alternative Education Information and Procedures*  
42 *Manual* must receive the educational program components and services  
43 contained in their individualized education plans (IEPs) delineated in the  
44 Individualized Education Plan ("IEP").
- 45 b. Students ~~who~~ are eligible for accommodations and/or services under Section  
46 504 of the Rehabilitation Act ("~~Section 504~~") of 1973 (504) or the Americans  
47 with Disabilities Act (ADA) and who are assigned ~~*Alternative Education*~~  
48 ~~*Information and Procedures Manual*~~ to Dropout Prevention/Alternative  
49 Education ~~alternative education~~ programs according to the procedures in the  
50 ~~*Alternative Education Information and Procedures Manual*~~ must receive the  
51 program and services delineated contained in the their Section 504  
52 Accommodation Plans.
- 53 c. Students eligible for ~~English for Speakers of Other Languages ("ESOL")~~  
54 English Language Learners (ELL) services and who are assigned to Dropout  
55 Prevention/Alternative Education programs ~~alternative education programs~~  
56 must receive the program and services delineated in the their Limited English  
57 Proficiency ("~~LEP~~") accommodation plan ELL Student Instructional Plans.

58 Student Eligibility for Alternative Education Programs

59 Eligibility of students may be determined by the criteria stated within Fla. Stat.  
60 §230.2316(3), Fla. Stat., and/or State Board of Education Rule 6A-6.0524,  
61 including:

62 Evidence of lack of academic success such as low test scores, retention,  
63 failing grades, low grade point average, falling behind in earning credits,  
64 or not meeting the State or District proficiency levels in reading,  
65 mathematics, or writing;

66 Being identified as having a pattern of excessive absenteeism or being a  
67 habitual truant; or

68 Having a pattern of disruptive behavior in school; or

69 Having committed an offense that warrants out-of-school suspension or  
70 expulsion under the District Code of Student Conduct.

- 71 3. Interagency Coordination and Student Record Confidentiality Confidentiality of  
72 Student Records

- 73 a. ~~Alternative programs~~ Dropout Prevention/Alternative Education will be  
74 coordinated, as applicable, with the Florida Department of Children and  
75 Families, Florida Department of Law Enforcement, the Florida Attorney  
76 General's Office, the Florida Department of Juvenile Justice, with social  
77 services, law enforcement, the State Attorney's Office, the Florida Department  
78 of Juvenile Justice, and other state agencies or private providers as may be  
79 appropriate.
- 80 b. Information contained in student records may be exchanged pursuant to  
81 School Board Policy 5.50(9) and applicable Florida Statutes. However, but the  
82 receiving agency must use the information only for official purposes in  
83 connection with the administration and placement or withdrawal of students in  
84 alternative education programs. The receiving agency and must maintain the  
85 confidentiality of the information pursuant to Fla. Stat. § 1002.22 228.093,  
86 F.S., unless otherwise specifically provided or exempted by federal or state  
87 law.

88 Student Voluntary Placement in Dropout Prevention and Academic Intervention  
89 Programs

90 ~~Except as provided in Section 4 below, placement in dropout prevention and~~  
91 ~~academic intervention programs shall be voluntary.~~

92 ~~"Voluntary" is defined as assignment of students to a program only with~~  
93 ~~custodial parent/guardian or adult student permission.~~

94 ~~Prior to the District's voluntary placement of a student in an alternative~~  
95 ~~education program, the principal/designee shall provide written notice of~~  
96 ~~placement or alternative academic services by certified mail, return receipt~~  
97 ~~requested, to the student's custodial parent/guardian.~~

98 ~~Except as otherwise provided in State Board of Education Rule 6A-6.0524(6),~~  
99 ~~when a student has not been returned to the regular educational program~~  
100 ~~within a specified time after voluntary assignment to an alternative program~~  
101 ~~that is designed to return unsuccessful or disinterested students to the regular~~  
102 ~~program, the student shall be referred to the Child Study Team to determine if~~  
103 ~~an evaluation for eligibility for services under the Individuals With Educational~~  
104 ~~Disabilities Act ("IDEA") is needed.~~

105 4. Individual Program Plans for Dropout Prevention/Alternative Education Programs  
106 (except for program Teenage Parents)

107 Agency coordination. (See agency coordination provisions on Page 19 of the  
108 Manual and Paragraph 3a of this Policy.) Community agencies which may assist  
109 students in the Dropout Prevention/Alternative Education programs can be located  
110 on the Dropout Prevention/Alternative Education website. Upon request, the

- 111 information will be provided from the website in written form.
- 112 a. Specific outcome objectives. (See applicable outcome objectives and goal  
113 provisions on Pages 4, 19, 20, 21, 22, 23, 27, 28 and 29 of the Manual.)
- 114 b. Evaluation. (See applicable evaluation provisions and statements on Pages  
115 19, 21, 22 and 25 of the Manual.) Evaluation of the programs shall occur at  
116 least as frequently as required by law.
- 117 c. Specific student eligibility criteria. (See applicable student eligibility  
118 requirement provisions on Pages 6, 7, 8, 9, 11, 12, 13, 14, 16, 17, 19, 23, 24,  
119 27, 28 and 29 of the Manual.)
- 120 d. Student admission procedures. (See applicable student referral and packet  
121 requirement provisions on Pages 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18,  
122 23, 26, 27 and 29 of the Manual.)
- 123 e. Program operating procedures to include:
- 124 i. Curriculum (See applicable Curriculum provisions on Pages 19, 24 and  
125 28 of the Manual.)
- 126 ii. Special strategies (See applicable Strategies provisions on Page 20 of  
127 the Manual.)
- 128 iii. Equal access for eligible exceptional and Limited English Proficient  
129 students (See applicable Access provisions on Pages 17, 20 and 24 of  
130 the Manual and Paragraphs 2a, b & c of this Policy.)
- 131 iv. Student services -- The Dropout Prevention/Alternative Education  
132 Principal facilitates services provided to students enrolled in District-run  
133 middle and high schools, including those established through cooperative  
134 agreements and contracted programs. Services are based on the  
135 individual needs of the students. They may include related services,  
136 which may include Speech and Language Therapy, Occupational  
137 Therapy, and Physical Therapy.
- 138 v. Grade levels of students served. (See applicable grade level statements  
139 on Pages 6, 7, 9, 14, 24, 28 and 29 of the Manual.)
- 140 vi. Implementation sites. (See Paragraph (1) (e) above in this Policy and  
141 Pages 19, 23, 24, 28 and 29 of the Manual.)
- 142 f. Total dropout prevention full-time equivalent (FTE) student membership  
143 projected based on:

- 144 i. Number and length of class periods. (See applicable instructional periods  
145 provisions on Pages 21, 22, 24, 28 and 30 of the Manual.)
- 146 ii. Average class size -- This item varies between programs. In general  
147 these programs offer smaller class sizes and a variation of class times.  
148 Please see individual program description on the Dropout  
149 Prevention/Alternative Education web site for information specific to each  
150 program.
- 151 iii. Length of stay. (See applicable length of stay and exit option provisions  
152 on Pages 8, 9, 11, 14, 21, 25, 26, 27, 29 and 30 of the Manual.)
- 153 iv. Total number of students served.. The projected number of students  
154 served will be reflected in a report located on the Dropout  
155 Prevention/Alternative Education website, based on the above factors  
156 and the capacity of the programs.
- 157 g. Personnel qualifications. -- Dropout Prevention/Alternative Education schools  
158 and program administrators ensure that highly qualified personnel meet  
159 Florida Department of Education (FLDOE) requirements for certification. In  
160 compliance with District procedures, teachers assigned to these programs  
161 possess the affective, pedagogical, and content-relate skills necessary to meet  
162 the needs of these students. (1003.53(4), Florida Statutes)
- 163 h. Staff development activities. -- Dropout Prevention/Alternative Education  
164 provides training activities that include curriculum updates and special  
165 strategies to meet students' needs. They are scheduled throughout the school  
166 year. The Dropout Prevention/Alternative Education training plan consists of  
167 administrator, instructional, and non-instructional training, which includes  
168 training in the following areas: computer-based instruction, competency-based  
169 instruction, classroom management, learning styles inventories, and reading  
170 instruction models.

171 Student Involuntary Placement in Dropout Prevention Alternative Education  
172 Programs

173 ~~The District may assign students to programs for disruptive, delinquent,~~  
174 ~~substance abusing, neglected, or state dependent students as provided in~~  
175 ~~§§230.2316 through 230.23161, F.S., and State Board of Education Rules 6A-~~  
176 ~~6.0526 through 6A-6.05281.~~

177 ~~"Assigned placement" is defined placement that is required by the District,~~  
178 ~~without need for custodial parent/guardian or adult student permission.~~

179 ~~Pursuant to 230.2316(7), F.S., and State Board of Education Rule 6A-~~  
180 ~~6.0521(2)(e), the custodial parent/guardian of a student assigned to an~~

181 ~~alternative education/dropout prevention program shall be notified in writing~~  
182 ~~and is entitled to an administrative review under Chapter 120, F.S., of any~~  
183 ~~action by school personnel relating to such placement. Such notice shall be~~  
184 ~~given within five (5) school days of the placement as required by Fla. Stat.~~  
185 ~~§230.2316(7), F.S., and State Board of Education and Rule 6A-6.0521(2)(f)6.~~

186 ~~Pursuant to State Board of Education Rules 6A-6.0524(7) and 6A-6.0527(8),~~  
187 ~~the written notice of a student's assignment to any alternative education~~  
188 ~~program for unsuccessful, disinterested, or disruptive students shall advise of~~  
189 ~~the custodial parent/guardian's right to request an evaluation to determine~~  
190 ~~eligibility for exceptional student education. Prior to conducting an evaluation,~~  
191 ~~the school must document pre-referral activities.~~

192 ~~Any student assigned to an alternative education program for disruptive~~  
193 ~~students which is designed to return the student to the conventional~~  
194 ~~educational program shall be referred to the Child Study Team for an~~  
195 ~~evaluation of eligibility for exceptional student educational services if not~~  
196 ~~returned to the regular program after a specified time, except as otherwise~~  
197 ~~provided in State Board of Education Rule 6A-6.0527(7).~~

198 ~~As required by §230.2316(3)(d)(7), F.S., students assigned to second-chance~~  
199 ~~schools must be evaluated by the school's Child Study Team before~~  
200 ~~placement in a second chance school. The Child Study Team shall ensure that~~  
201 ~~students are not eligible for placement in a program for emotionally disturbed~~  
202 ~~children.~~

203 5. Individual Program Plans for Teenage Parents

204 a. Agency coordination.

205 See agency coordination provisions on Page 19 of the Manual and Paragraph  
206 3a of this Policy.

207  
208 b. Specific outcome objectives.

209 See outcome objectives provisions on Pages 31 and 32 of the Manual.

210 c. Evaluation.

211 See Evaluation provisions on Page 19 of the Manual. Evaluation of the  
212 program shall occur at least as frequently as required by law.

213 d. Specific student eligibility criteria.

214 See student eligibility provisions on Page 31 of the Manual.

215 e. Student admission procedures.

216 See student admission procedure provisions on Pages 31 and 32 of the  
217 Manual.

- 218 f. Program operating procedures to include:
- 219 i. Pregnancy- and parenting-related curriculum.
- 220 See applicable Curriculum provisions and statements on Pages 19, 32
- 221 and 33 of the Manual.
- 222 ii. Special strategies.
- 223 See applicable Strategies provisions on Pages 20 and 33 of the Manual.
- 224 iii. Equal access for eligible exceptional and limited English proficient
- 225 students.
- 226 See applicable Access provision on Pages 20 and 31 of the Manual and
- 227 Paragraphs 2a, b and c of this Policy.
- 228 iv. Student services.
- 229 A. Description of child care services.
- 230 See child care provisions on Page 33 of the Manual.
- 231 B. Description of health services.
- 232 See health services provisions on Page 34 of the Manual.
- 233 C. Description of social services.
- 234 See social services provisions on Page 34 of the Manual.
- 235 D. Description of transportation.
- 236 See transportation provisions on Pages 33 and 34 of the Manual.
- 237 E. Other services which may be provided to participants.
- 238 The Dropout Prevention/Alternative Education Principal facilitates
- 239 student services provided to students who are enrolled in district-run
- 240 middle/high schools, including those established to Cooperative
- 241 Agreements and contracted programs. Services are based on the
- 242 needs of the students and may include related services such as
- 243 Speech and Language Therapy, Occupational Therapy, and Physical
- 244 Therapy.
- 245 v. Implementation sites.
- 246 See Paragraph (1) (e) above in this Policy and Page 31 of the Manual.
- 247 vi. Length of stay in program for students and their children.
- 248 See length of stay, instructional period, and exit option provisions on
- 249 Page 33 of the Manual.
- 250 vii. Total teenage parent program FTE projected for students and their
- 251 children.
- 252 The projected number of students served will be reflected in a report



253 located on the Dropout Prevention/Alternative Education web site based  
254 on the above factors and the capacity of the programs.

255 g. Personnel qualifications.

256 Dropout Prevention/Alternative Education schools and program administrators  
257 ensure that highly qualified personnel meet Florida Department of Education  
258 (DOE) requirements for certification. Following district procedures, teachers  
259 assigned to these programs possess the affective, pedagogical, and content-  
260 relate skills necessary to meet the needs of these students. (1003.53(4),  
261 Florida Statutes)

262 h. Staff development activities.

263 Dropout Prevention/Alternative Education provides training activities that  
264 include curriculum updates and special strategies to meet students' needs and  
265 are scheduled throughout the school year. The Dropout Prevention/Alternative  
266 Education training plan consists of administrator, instructional, and non-  
267 instructional training which includes following areas: computer based  
268 instruction, competency based instruction, classroom management, learning  
269 styles inventories and reading instruction models.

270

271 Teenage Parent Programs

272 Pursuant to ~~§230.23166, F.S., and State Board of Education Rule 6A-6.0525,~~  
273 ~~the Board has implemented a teenage parent program designed to provide a~~  
274 ~~specialized curriculum and other services to meet the needs of students who~~  
275 ~~are pregnant, students who are mothers or fathers, and children of such~~  
276 ~~students.~~

277 ~~The program is designed to provide comprehensive educational and ancillary~~  
278 ~~services to facilitate the parenting students' completion of high school.~~

279 ~~As provided in State Board of Education Rule 6A-6.0525(2)(a), participation in~~  
280 ~~a teenage parent program shall be voluntary, and no one may be assigned to~~  
281 ~~the program without annual custodial parent/guardian or adult student~~  
282 ~~permission.~~

283

284 Department of Juvenile Justice Programs and Other Agencies

285 ~~The Board provides educational programs pursuant to § 230.23161, F.S., and~~  
286 ~~State Board of Education Rules 6A-6.0528 and 6A-6.05281 for students~~  
287 ~~participating in a detention, commitment, or rehabilitation program under the~~  
288 ~~jurisdiction of the Florida Department of Juvenile Justice or other state agency~~  
289 ~~or sponsored by a community-based agency.~~

290 ~~These students shall have an individual academic plan and shall be eligible for~~  
291 ~~services that are afforded to students otherwise enrolled in programs under~~  
292 ~~§230.2316, F.S., and corresponding State Board of Education Rules.~~

293                    ~~Upon completion of detention or a court adjudicated placement, the placement~~  
294                    ~~in an alternative program must be reevaluated by the District.~~

295

296                    STATUTORY AUTHORITY: Fla. Stat. §§ 1001.32(2); 1001.41(1) & (2); 1001.42(25);  
297                    1001.43(1); 1003.53(2) ~~230.22(1); 230.22(2); 230.2316(4)~~

298                    LAWS IMPLEMENTED: 1001.42(4)(l) & (n); 1001.41 (3), (5) & (6); 1003.52; 1003.53;  
299                    1003.54 ~~230.23(4)(n); 230.23(4)(p); 230.2316; 230.23161; 230.23166~~

300                    STATE BOARD OF EDUCATION RULES: SBER 6A-6.052-6A-6.05292

301                    HISTORY: 2/7/79; 5/5/82; 4/6/83; 01/14/2002; \_\_\_\_\_ / \_\_\_\_\_ /2009

Legal Signoff:

The Legal Department has reviewed proposed Policy 8.13 and finds it legally sufficient for development by the Board.

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Attorney \_\_\_\_\_ Date \_\_\_\_\_

**Dropout Prevention/Alternative Education  
Juvenile Justice/Youth Services  
Manual**



*“Lighting a Pathway to Success”*

**“Failure is Not an Option...Success is the Only Option”**

*Revised February 9, 2009*

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## **Dropout Prevention/Alternative Education Overview**

The mission of Dropout Prevention/Alternative Education is: To nurture the development of mentally healthy, socially appropriate, productive, self-sufficient students in a supportive educational environment committed to excellence in all endeavors.

The goals of Dropout Prevention/Alternative Education are:

- To improve students' academic and social skills
- To improve graduation rates
- To transition students to the most appropriate school setting

Additional information as well as forms referenced in this document is available on the Dropout Prevention/Alternative Education web site at [www.palmbeach.k12.fl.us/alternativeed](http://www.palmbeach.k12.fl.us/alternativeed) and on the School District's Records Management Department web site at [www.palmbeach.k12.fl.us/records/formssearch.asp](http://www.palmbeach.k12.fl.us/records/formssearch.asp). Hard copies are also available upon request.

This Manual shall be interpreted in reference to and compliance with Federal and Florida laws as well as School Board Policy 8.13.

The School District of Palm Beach County prohibits discrimination against students, employees and applicants on the basis of religion, race, ethnicity, national origin, color, sex, marital status, age, parental status and disability in any of its programs, services or activities.

# **Part I: Procedures for Student Placement and Exit for Behavior and Academic Intervention Programs**

## **A. School Based Teams**

Every school is required to have a functioning School Based Team (SBT). A SBT follows a structured problem-solving process that allows a diverse population of instructional and support staff to identify evidence-based interventions and provide support and follow up to students and families in need. Members of the SBT are as follows:

- Administration
- Guidance
- School Psychologist
- ESE Representative
- ELL Representative
- School Nurse
- 504 Designee
- School Police Officer
- \*\*SAI
- \*\*Title 1 Representative
- \*\*Reading/Math Coach
- \*\*Classroom Teacher
- \*\*Community Agency Representative
- \*\*BHP/Family Consultant
- \*\*Data Counselors
- \*\*Alternative Ed. Representative
- \*\*Parent/Guardian
- \*\*Area Resource Teacher

\*\*Where available or applicable

When a general education student is exhibiting behavior challenges, the student **MUST** be referred to the SBT. The SBT will consider research-based interventions for the student and develop an appropriate intervention plan in accordance with the School District's Response to Intervention (RtI) model.

When an ESE student is exhibiting behavior challenges, the student's IEP Team **MUST** address the behaviors and incorporate behavior goals into the IEP. ESE students with behavior issues are required to have a Functional Behavior Assessment (FBA) as well as a Behavior Intervention Plan (BIP). Training and support on how to develop effective Functional Behavior Assessments and Behavior Intervention Plans is available through the ESE Department.



When a 504 student is exhibiting behavior challenges, the student's 504 Team MUST meet to consider whether the behaviors are directly correlated to the disability of record and to consider whether there are any necessary changes to the 504 plan. RtI interventions are also appropriate.

## **B. General Education Students**

### **1. Behavior Intervention Programs**

(Fla. Stat. § 1003.53(1)(c) (3); SBER 6A-6.0527)

#### Elementary School Students

Elementary school Behavior Intervention Programs are intended for students recommended for expulsion or felony suspension. *School Board Policy 5.1817: Student Expulsion* sets forth the procedures for students recommended for expulsion. *School Board Policy 5.80: General Disciplinary Policy for Criminal Acts* sets forth the procedures for felony suspensions.

Elementary school students who exhibit consistent chronic behavioral difficulties must be referred to the School Based Team (SBT) so that appropriate research-based interventions may be developed and implemented at the comprehensive elementary school. In unique and rare circumstances, with the approval of the Area Superintendent and the Assistant Superintendent in charge of Dropout Prevention/Alternative Education, an elementary school student with chronic behavioral difficulties may be referred to an elementary school Behavior Intervention Program. However, in such cases, there must be evidence that appropriate research-based interventions were implemented with fidelity at the comprehensive elementary school. In such cases there must also be evidence that the student's continued presence on the comprehensive campus will interfere with the student's own safety and/or learning and/or safety and/or learning of other students.

After the SBT meeting, the following forms shall be completed by the student's home school:

- PBS Form 1051 (Conference Record)
- PBS Form 1546 (Eligibility/Consent for Placement)
- PBS Form 1892 (Regular Education Referral Procedures Checklist)  
(The checklist on this form identifies all necessary documents needed to complete the Packet)

These forms are part of an Alternative Education "Packet," which must be signed by the Area Superintendent and the Director of Dropout Prevention/Alternative Education and approved by the Assistant Superintendent in charge of Dropout Prevention/Alternative Education.

The school principal and/or designee shall, prior to placement in a Dropout Prevention/Alternative Education Program, provide written notice of placement (Placement

Letter) by certified mail, return receipt requested, to the current address on record for the student's parent. Fla. Stat. § 1003.53(5).

The parent shall sign an acknowledgement of the notice of placement of service and return the signed acknowledgement to the principal within three (3) days after receipt of the notice. Parents shall also be notified annually of their child's placement.

### Secondary School Students

Secondary school Behavior Intervention Programs are also appropriate for students who are recommended for expulsion or felony suspension. *School Board Policy 5.1817: Student Expulsion* sets forth the procedures for students recommended for expulsion. *School Board Policy 5.80: General Disciplinary Policy for Criminal Acts* sets forth the procedures for felony suspensions.

In addition, a secondary student may be referred to a Behavior Intervention Program when there is a history of chronic disruptive behavior which interferes with the student's own learning and/or the learning of other students. However, a Behavior Intervention Program shall not be considered for a student with a history of chronic disruptive behavior prior to referral to the SBT, so that appropriate research-based interventions may be developed and implemented at the comprehensive secondary school.

With the exception of expulsions and felony suspensions, all other recommendations for a general education alternative education placement must be made by the SBT. When the SBT is considering a Behavior Intervention Program for a general education student, a meeting must be scheduled with a home school representative and an Area Alternative Education Liaison in attendance. After the meeting, the following forms shall be completed by the student's home school:

- PBS Form 1051 (Conference Record)
- PBS Form 1546 (Eligibility/Consent for Placement)
- PBS Form 1892 (Regular Education Referral Procedures Checklist)  
(The checklist on this form identifies all necessary documents needed to complete the Packet)

These forms are part of an alternative education "packet," which must be signed by the Area Superintendent and the Director of Dropout Prevention/Alternative Education and approved by the Assistant Superintendent in charge of Dropout Prevention/Alternative Education.

The school principal and/or designee shall, prior to placement in a Dropout Prevention/Alternative Education Program, provide written notice of placement (Placement Letter) by certified mail, return receipt requested, to the current address on record for the student's parent. Fla. Stat. § 1003.53(5).

The parent shall sign an acknowledgement of the notice of placement of service and return the signed acknowledgement to the principal within three (3) days after receipt of the notice. Parents shall also be notified annually of their child's placement.

### **Exit Criteria for General Education Students from Behavior Intervention Programs**

Elementary students will be considered for exit at the end of two (2) complete trimesters of attendance as determined by the current School District calendar or otherwise deemed appropriate. The program exit criteria for elementary school takes into consideration the student's progress with the Behavior Intervention Program.

Middle school students will be considered for exit after completing a minimum of one semester, but only at the natural break according to the School District calendar.

High school students will be considered for exit after completing a minimum of one (1) full semester, but only at the natural break according to the School District calendar.

The program exit criteria for secondary students takes into consideration the student's progress. If a general education student meets the exit criteria listed below, an exit meeting will be conducted to determine and make recommendations for student placement.

#### **Exit Criteria**

- Natural academic break (end of semester)
- All passing grades during the last quarter of placement
- No more than 5 unexcused absences for last trimester/semester of placement
- No suspensions for last quarter of placement
- No incidents of physical aggression for the last quarter of placement

When a student has met exit criteria, a meeting must be held and the Area General Education Alternative Education Liaison must attend. In addition, a representative from the student's home school must be invited to participate either in person or via telephone. Sufficient notification of the meeting must be provided to the home school. If there are concerns by members of the team regarding placement back at the same comprehensive school, the Area Superintendent shall be consulted and shall determine the appropriate comprehensive school placement.

Prior to or during the exiting staff meeting, the Behavior Intervention Program must complete a Student Support Plan (PBSD Form 2007) and a Student Exit Report (PBSD Form 1605). Students will be exited from the Behavior Intervention Program using the procedures outlined in School Board Policy 5.1817(6) when:

- 1) The have completed the expulsion period in accordance with School Board Policy 5.1817; or
- 2) The recommendation for expulsion is rescinded by the Superintendent; or
- 3) The recommendation for expulsion has been rejected by the School Board.

Additionally, students eligible for early reinstatement in accordance with Board Policy 5.1818 will be exited for the Behavior Intervention Program in accordance with the procedures outlined in 5.1817.

## **2. Academic Intervention Programs**

(Fla. Stat. § 1003.53:SBER 6A-6.0524)

Academic Intervention Programs for general education students are available for secondary students by parent/guardian choice only. Students must meet one or more of the following academic eligibility criteria:

- Student has been retained at least once
- Student has failing grades or grades are not commensurate with documented learning ability levels
- Student's GPA is below a 2.0
- Student has fallen behind on credits
- Student has not met State or District proficiency levels in reading, math or writing
- Student has not had any out of school suspensions, physical aggression referrals or bullying referrals

A referral to an Academic Intervention Program shall not take the place of providing evidence based interventions on a comprehensive campus. A list of Academic Intervention Programs is available on the Department of Dropout Prevention/Alternative Education web site.

When the SBT is considering an Academic Intervention Program for a general education student, a meeting must be scheduled with a home school representative and an Area Alternative Education Liaison in attendance. The following forms shall be completed:

- PBSD Form 1051 (Conference Record)
- PBSD Form 1546 (Eligibility/Consent for Placement)
- PBSD Form 1896 (Academic Intervention Regular Education Referral Procedures Checklist)

(The checklist on this form identifies all necessary documents needed to complete the Packet)

These forms are part of an alternative education "packet," which must be approved. For all placements, a placement letter must be completed, signed by the Area Superintendent and approved by the Assistant Superintendent, Quality Assurance.

The school principal and/or designee shall, prior to placement in a Dropout Prevention/Alternative Education Program, provide written notice of placement (Placement Letter) by certified mail, return receipt requested, to the current address on record for the student's parent. Fla. Stat. § 1003.53(5).

The parent shall sign an acknowledgement of the notice of placement of service and return the signed acknowledgement to the principal within three (3) days after receipt of the notice. Parents shall also be notified annually of their child's placement.

**In the interest of student academic achievement, movement into Academic Intervention Programs should occur at the beginning and end of the semester.** This preference must be considered by the School Based Team when making a recommendation for an Academic Intervention Program.

### **Exit Criteria**

Prior to or during the exiting staff meeting, the Academic Intervention Program must complete a Student Support Plan (PBSD Form 2007) and a Student Exit Report (PBSD Form 1605).

Academic Intervention Program students may also be exited to the home school or recommended for a Behavior Intervention Program for failure to adhere to the Code of Conduct. Such recommendations would be made by the SBT.

# GENERAL EDUCATION STUDENTS

## Behavior Intervention Program

## Academic Intervention Program

### Expellable Offense

Follow procedures set forth in School Board Policy 5.1817

PBSD Form 1546  
 PBSD Form 0262  
 PBSD Form 0215  
 PBSD Form 0279

Witness Statement or Anecdotal

Expulsion Screening Committee Review

### Felony Suspension

Follow procedures set forth in School Board Policy 5.80

PBSD Form 1546  
 PBSD Form 1923  
 PBSD Form 1924

Conference Notes  
 Charging Documents  
 From State Attorney

### Chronic Behavior

\* SBT Recommendation  
 \* Research Based Interventions

PBSD Form 1051  
 PBSD Form 1546  
 PBSD Form 1892

(The checklist on this form identifies all necessary documents needed to complete the packet.)

SBT Recommendation  
 PBSD Form 1051  
 PBSD Form 1546  
 PBSD Form 1896  
 (The Checklist on this form identifies all necessary documents needed to complete the packet.)

### Area Superintendent

Any other recommendations to remove a student from the school campus due to safety concerns must be discussed with the Area Superintendent.

**For all placements, Placement Letter must be completed, signed by the Area Superintendent and Director of Alternative Education AND approved by the Assistant Director, Quality Assurance.**

## C. ESE Students

### 1. Behavior Intervention Programs

A move from a comprehensive school to a Dropout Prevention/Alternative Education site is considered a change in ESE placement under Federal and State law. Accordingly, the general rule is that no student may be moved without an IEP meeting and consensus among the IEP members. Furthermore, the IEP Team must determine that the student's IEP can be implemented at the alternative education site and that the alternative education placement is the student's least restrictive environment. ESE services delineated on the student's IEP shall not be altered to accommodate the alternative education site. Rather, the ESE services must dictate the appropriate placement. Under no circumstances should a student lose ESE services based upon a move to alternative education. If the alternative education site considered for a student does not offer the services listed on the IEP, the services must be made available or the student may not be considered for the Behavior Intervention Program.

An IEP Team may not change a student's placement to alternative education in response to behaviors that are a manifestation of the student's disability. Accordingly, the IEP Team must make a manifestation determination prior to consideration of alternative education. An IEP Team should only consider a move to alternative education if the student commits an offense that would constitute an expulsion for a general education student or if the student exhibits a history of chronic disruptive behaviors which consistently interferes with the student's own learning and/or the learning of other students.

**Nothing within this Manual is intended to supersede School Board Policy 5.189: Discipline of Students Eligible for Services under the Individuals with Disabilities Education Act (IDEA)**

#### Interim Alternative Educational Settings

There are very limited circumstances which allow a student to be moved by the school principal without the need for an IEP meeting and without immediate consideration of whether the student's behavior was a manifestation of disability. These unilateral moves change the student's placement for up to 45 school days, and therefore Federal and State law severely limit the circumstances upon which such moves may be made. These moves, known as Interim Alternative Educational Setting (IAES) placements, are permitted only under the following circumstances:

- If a student carries a weapon to or possesses a weapon at school, on school premises, or to a school function [SBER 6A-6.03312(6)(a)1]
  - The term "weapon" means a weapon, device, instrument, material, or substance, animate or inanimate, that is used for, or is readily capable of, causing death or serious bodily injury, except that such term does not include a pocket knife with a blade of less than 2 ½ inches in length. [6A-6.03312(1)(e)]

- If a student knowingly possesses or uses illegal drugs while at school, on school premises, or at a school function [6A-6.03312(6)(a)2]
  - Second time offense only
- If a student sells or solicits the sale of a controlled substance while at school, on school premises, or at a school function [6A-6.03312(6)(a)2]
- If a student has inflicted serious bodily injury upon another person while at school, on school premises, or at a school function
  - “Serious bodily injury” must “involve a substantial risk of death; extreme physical pain, protracted and obvious disfigurement; or protracted loss or impairment of the function of a bodily member, organ or mental faculty” [6A-6.03312(1)(d)]

Once a student is placed in an IAES placement, an IEP Team must convene within 10 days to determine whether the student’s IEP may be implemented at the IAES placement. During the course of an IAES placement, a student must continue to receive a Free and Appropriate Public Education (FAPE) in accordance with the student’s IEP.

Within 10 school days of an IAES placement, the IEP Team must make a manifestation determination. “A manifestation determination is a process by which the relationship between the student’s disability and a specific behavior that may result in disciplinary action is examined.” [6A-6.03312(1)(f)] PBSD Form 1927 must be completed by the IEP Team when making a manifestation determination for an ESE student.

If the IEP Team determines that the behavior of a student in an IAES placement was a manifestation of the student’s disability, the IEP Team must either conduct a Functional Behavior Assessment (FBA) and develop and implement a Behavior Intervention Plan for the student, or review the student’s Behavior Intervention Plan, if one had already been developed, and make any necessary modifications. [6A-6.03312(3)(c)]

When a unilateral IAES placement is being recommended by a principal, the following forms must be completed:

- IAES 45-day placement recommendation faxed to Alternative Education at 681-5950
- PBSD Form 0279 (Student Discipline Referral)
- Photograph of the weapon, if applicable
- TERMS Screens A-24 and A-23
- Witness Statement/Anecdotal Reports
- PBSD Form 0262 (Suspension Letter), if applicable

These forms are part of an alternate education “packet,” which must be signed by the Area Superintendent and the Director of Dropout Prevention/Alternative Education and approved by the Assistant Superintendent in charge of Dropout Prevention/Alternative Education. **However, nothing within this process is intended to override the unilateral placement change of a student who commits a defined IAES offense.**



The home school must arrange for the student's transportation. The student may enroll the next day and/or as soon as transportation is arranged; however, transportation arrangements may not prohibit a student from enrolling the next school day.

### **Exit Criteria for ESE Students from Behavior Intervention Programs**

No ESE student may be unilaterally placed or exited from a Behavior Intervention Program except under the circumstances discussed and authorized under the section on IAES placements.

The IEP Team must meet at least quarterly during the school year to address student progress and needs in accordance with the IEP services. ESE students in Behavior Intervention Programs are entitled under Federal and State law to a free appropriate public education. Therefore, if an ESE student is not making adequate progress towards IEP goals in the current program, the IEP either needs to be modified to include additional or modified services or the student's placement must be reconsidered, or both.

ESE students can be exited from a Behavior Intervention Program at any time per an IEP Team decision. ESE students must be considered for exit when they meet the criteria outlined for general education students. When considering a move to another school, a representative from the receiving school must be invited to participate either in person or via telephone. In addition, the Area Alternative Education Liaison for ESE must attend. Sufficient notification of the meeting must be provided at the home school. If the IEP Team determines that the student's placement should be on a comprehensive campus, yet there are concerns by the IEP Team regarding placement back at the same school, the Area Superintendent shall be consulted and shall determine the appropriate comprehensive school location that can meet the student's IEP needs under the student's current IEP.

## **2. Academic Intervention Programs**

An IEP Team may determine that an Academic Intervention Program is appropriate for a secondary ESE student who meets one or more of the following academic eligibility criteria:

- Student has been retained one or more times
- Student has failing grades or grades are not commensurate with documented learning ability levels
- Student has a GPA below 2.0
- Student has fallen behind on credits under-credited for grade level/age group
- Student has not met State or District proficiency levels in reading, math or writing
- Student's IEP Team has determined the Academic Intervention Program to be an appropriate placement (with agreement by the parent/guardian).

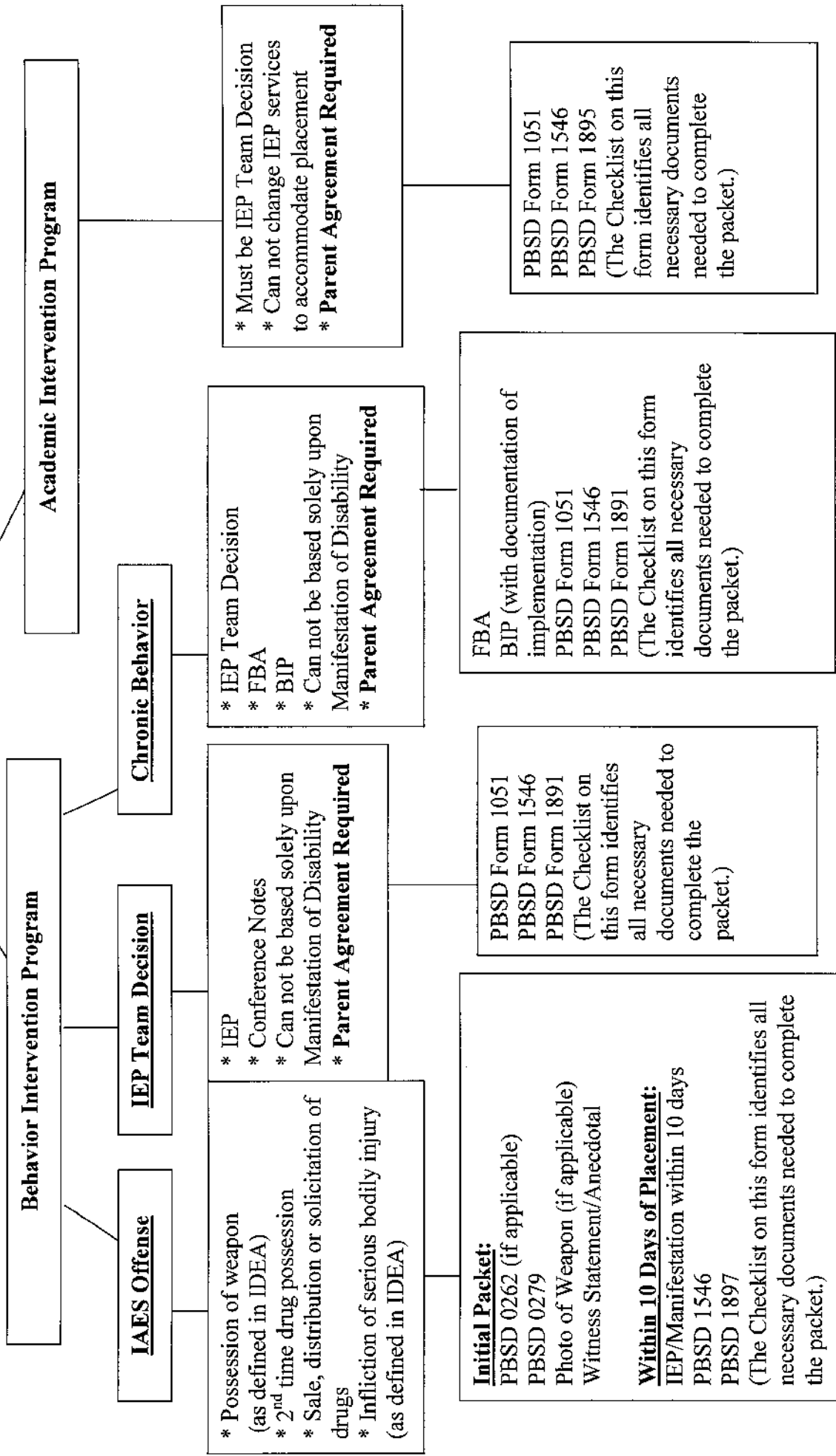
A referral to an Academic Intervention Program shall not take the place of providing evidence-based academic interventions on a comprehensive campus. In addition, an IEP Team must determine the Academic Intervention Program to be the student's least restrictive placement. Services may not be deleted from a student's IEP to accommodate the Academic

Intervention Program. An Area Alternative Education Liaison must be invited to the meeting when an IEP Team determines an Academic Intervention Program is appropriate. The following forms shall be completed:

- PBSD Form 1051 (Conference Record)
- PBSD Form 1546 (Eligibility/Consent for Placement)
- PBSD Form 1895 (Academic Interventions Exceptional Student Education (ESE) Referral Procedures Checklist  
(The Checklist on this form identifies all necessary documents needed to complete the packet.)

These forms are part of an alternative education “packet,” which must be signed by the Area Superintendent and the Director of Dropout Prevention/Alternative Education and approved by the Assistant Superintendent in charge of Dropout Prevention/Alternative Education.

# ESE STUDENTS



**For all placements, Placement Letter must be completed, signed by the Area Superintendent and Director of Alternative Education, AND approved by the Assistant Director, Quality Assurance.**

## **D. 504 Students**

All programs identified in this Manual provide equal access to students with disabilities who are eligible under Section 504 (504). Accommodations must be provided by the school in accordance with a student's 504 Plan.

A 504 student may not be placed in a Behavior Intervention Program in response to behaviors that are a manifestation of the student's disability. Accordingly, the IEP 504 Team must make a manifestation determination prior to consideration of alternative education Behavior Intervention Program.

**Nothing within this Manual is intended to contravene School Board Policy 5.1891, Discipline of Students Eligible for Services under Section 504 of the Rehabilitation Act of 1973 (Section 504) and the Americans with Disabilities Act (ADA).**

## **E. Administrative Review Procedures**

Parents of ESE Students and 504 Students must be provided with their Procedural Safeguards, which outline in part the administrative review process available to them if they disagree with an IEP, educational placement or a manifestation determination.

Procedures to follow when a parent/guardian requests an administrative review:

The principal/designee, along with an area representative:

- Meets with the parent/guardian to review the student's record. This may include the student's attendance, academic, or behavior concerns.
- Reviews documentation of the reason for placement.
- Reviews relevant District policies (e.g., Code of Student Conduct, School Board Policy 8.13), if necessary.
- Reviews school-based interventions.
- Reviews meeting notes of the School Based Team.
- Obtains formal documentation of the administrative review (PBSD Form 1051), complete with parent signature. (This would not indicate that the parent/guardian agrees only that the review took place and the parent/guardian had an opportunity to participate.)
- Files the PBSD form in the student's cumulative folder and forwards copies to the Department of Dropout Prevention/Alternative Education and the Area Office.

Moreover, the parents of a student assigned to a Dropout Prevention/Alternative Education program, except when the assignment is voluntary and the parent/guardian has requested participation, shall be notified in writing of the entitlement to an administrative review of the placement.

Additional administrative review may be available if requested pursuant to Fla. Stat. § 1003.53.

## **PART II --- Dropout Prevention/Alternative Education Programs**

### **A. Dropout Prevention/Alternative Education**

Dropout Prevention/Alternative Education programs are governed by School Board Policy 8.13. Programs may be offered at alternative sites, general education school campuses, or any other location approved by the School Board as a school center. Programs may be offered full-time or part-time. **Note:** This Manual is not intended to create any rights affecting the continuation of these current specific programs, sites and/or administrators relating to those programs.

The Dropout Prevention/Alternative Education website can be accessed at [www.palmbeach.k12.fl.us/alternatived](http://www.palmbeach.k12.fl.us/alternatived) for specific information as to current administrative staff, site locations, and programs to be found at each site. Each Dropout Prevention/Alternative Education program listed on the Dropout Prevention/Alternative Education website addresses specific student eligibility criteria, specific student outcomes, evaluation process, projected enrollment, school improvement plans, staff development, instructional schedule and program design elements. Website content is also available in written form upon request from Dropout Prevention/Alternative Education.

#### **Agency Coordination**

Dropout Prevention/Alternative Education has access to a host of community agencies and services available to assist School District students and families in need. These community agencies are made available through approved cooperative agreements with the School District. These agencies are required to update security and insurance information, as well as obtain current vendor badges issued by the School District's School Police on an annual basis. Any agency representative on site participating as an SBT member or providing individual, group or therapeutic services to students at any site must have available his/her current vendor badge.

#### **Curriculum**

The curriculum at Dropout Prevention/Alternative Education sites is designed to meet the individualized needs of students. The curriculum's goal is to enable students to progress to their next grade level and/or graduate from high school with a standard or special diploma. As allowed under SBER 6A-6.05291, modifications to the courses listed in the Florida Course Code Directory and the amount of in-class instruction required for a student to earn a credit may be lengthened or shortened, including competency-based learning.

## **Support Programs and Strategies**

Dropout Prevention/Alternative Education programs may include, as needed and applicable, support programs and strategies not limited to:

- Behavior Modification strategies
- Career and Vocational education
- Career exploration
- Character education
- Competency based instruction based on Sunshine State Standards
- Computer assisted learning
- FCAT Preparation
- GED exit option
- Graduation Status Plan
- Individual and group counseling
- Individualized Student Performance Plan
- Integrated computer skills
- Job Coaching
- Low pupil to teacher ratio
- Parenting Skills
- Pre/Post Academic Assessment
- Restorative Justice
- Service Learning
- Social Skills Development
- Speech-Language, Occupational or Physical Therapy
- Test-taking and study skills
- Variety of individual instructional strategies
- Virtual education

## **Equal Access**

Dropout Prevention/Alternative Education schools and programs guarantee equal access to students eligible for ESE, 504, and/or English Language Learners (ELL).

### **1. Behavior Intervention Programs**

(Fla. Stat. § 1003.531(1)(c)(3); SBER 6A-6.0527)

#### **Program Objectives**

The objective of Behavior Intervention Programs is to provide positive behavioral interventions to ensure educational opportunities for a student with behavioral challenges, allowing that student to make academic progress. At the same time, Behavior Intervention Programs instill and teach the foundational skills needed to make appropriate behavioral choices.

Behavior Intervention Programs will incorporate a positive behavioral program that includes, but is not limited to, provisions for student success, regular feedback on academic and behavioral progress, counseling, and other student services that differ from traditional services provided at comprehensive schools.

### **Student Outcome Objectives**

- Staying in school or earning a high school diploma
- Return to a general education setting
- Reduced number of discipline referrals
- Reduced number of suspensions
- Grade-level promotion
- Improved attendance
- Improved academic performance
- Improve social-interpersonal skills

SBER 6A-6.05292(1)(d).

### **Instructional Periods**

The student's instructional program shall consist of instruction full-time, part-time or on a variable schedule as needed to appropriately deliver the curriculum. Whether the program is full-time or part-time, all students shall receive a minimum of five (5) hours of instruction per school day.

### **Evaluations**

Any student assigned to a Dropout Prevention/Alternative Education program shall be considered for an evaluation to determine ESE eligibility if there remain academic and/or behavior concerns even after research-based interventions have been implemented with fidelity in accordance to the RtI model.

## **2. Academic Intervention Programs**

(Fla. Stat. § 1003.53: SBER 6A-6.0524)

### **Outcome and Program Objectives**

Academic Intervention Programs provide academically challenged students the opportunity to:

- Stay in school and/or accumulate credits towards earning a high school diploma
- Improve socializations skills
- Improve academic performance
- Improve attendance
- Successfully progress through Student Progression Plan

SBER 6A-6.05292(1)(a)(1-4).



### **Student Outcome Objectives**

Instructional models, classroom activities, and program components are designed to ensure positive, successful school experiences.

Student outcome objectives also include:

- Earning credits towards high school graduation
- Improving academic performance, GPA, or meeting state proficiency standards
- Improving attendance
- Achieving grade level promotion

### **Instructional Periods**

Instruction shall be provided for at least two (2) instructional periods per day, unless the student participates in a student support and assistance component rather than the standard Drop Out Prevention/Alternative Education program. SBER 6A-6.0524(3).

### **Length of Stay**

In order for students to fully benefit from an Academic Intervention Program, they should commit to a minimum of one (1) semester. Programs may vary based on program-specific criteria.

### **Evaluations**

Any student assigned to a Dropout Prevention/Alternative Education program shall be considered for an evaluation to determine ESE eligibility if there remain academic and/or behavior concerns even after research-based interventions have been implemented with fidelity in accordance to the Response to Intervention model.

## **PART III --- Juvenile Justice/Youth Services**

(SBER 6A-6.0528, SBER 6A-6.05281; Fla. Stat. § 1003.52)

### **A. Juvenile Justice Programs**

Juvenile Justice Programs are designed to serve students who are assigned to a detention, day treatment, or residential commitment program operated by a state or the Department of Juvenile Justice (DJJ).

These programs must place a strong emphasis on appropriate agency coordination, as specified in SBER 6A-6.0521(2)(b). Participation in a DJJ program is assigned. Assigned participation means that the placement is required by the courts or other agencies pursuant to Chapter 39, Laws of Florida. Schools do not determine placement to these programs. SBER 6A-6.0528(1).

#### **Outcome Objectives**

The primary goal of DJJ Programs is to provide a high quality education to our students, while providing a safe, secure, and nurturing environment. There will be academic assessment and the provision of appropriate educational services. SBER 6A-6.05292(1)(e). See in general, SBER 6A-6.

#### **Student Outcome Objectives**

Student's objective is the continuation in an education program and completion of adjudication or court ordered sanctions. Students will have an opportunity to do at least one of the following:

- Improve academic performance
- Advance to next grade
- Accrue credits with program completion resulting in a high school diploma
- Improve socialization skills

Juvenile Justice Programs are divided into three categories:

1. Day Treatment: Students are placed in a day treatment program by court order, Juvenile Probation Officer referral, DJJ Post Commitment Probation or adjudication. Day treatment programs are non-residential programs operated by or under contract with DJJ. Day treatment programs include prevention, intensive probation, and conditional release programs that have educational services that are provided on site.
2. Detention: Detention centers are juvenile facilities operated by DJJ that detain students while they are awaiting their court appearances or placement in a commitment facility.

3. Residential Commitment: Students adjudicated by the court are assigned by DJJ to a commitment program. Residential commitment programs include low, moderate, high, and maximum risk DJJ programs. Students reside in these programs while committed to DJJ.

### **Specific Eligibility Criteria**

Students in DJJ Programs (SBER 6A-6.05281(1) (a-d) and SBER 6-A-6.0528(2)) are:

- Students who have been court-adjudicated to a detention, commitment, rehabilitation, or day treatment. Commitment means any facility where the courts have adjudicated youth or have recommended placement.
- In varying levels of commitment, and are awaiting trial or sentencing, or who are deemed neglected, dependent, or delinquent.
- Schools do not determine placement to these programs.

Students who do not attend a local public school due to their placement in a DJJ detention, commitment, day treatment, or early delinquency intervention program shall be provided high quality and effective educational programs by PBCSD in which the DJJ facility is located, or by a DJJ provider through a contract with the local school district. The facilities offer a variety of diploma options; GED Exit Options, Special Diploma, Standard Diploma, and GED Diploma.

All ESE students placed in a DJJ program shall be provided a free appropriate public education consistent with the requirements of SBER Ch. 6A-6. Students with a documented mental or physical impairment that substantially limits a major life activity are protected from discriminatory acts under 504. Such students are generally entitled to certain accommodations and/or services pursuant to a written 504 Plan, to ensure they have equal educational access. The School District will ensure 504-eligible students are provided all necessary accommodations and/or services.

All English Language Learner (ELL) students placed in a DJJ program shall have equal access to entitled services, including assessment and appropriate strategies consistent with the requirements of SBER Ch. 6A-6.

School attendance is mandatory for compulsory school attendance age students. However, a non-compulsory, school attendance age student without a diploma may file an intent to terminate school enrollment as provided in Fla. Stat. §1003.52(6).

### **Instructional Periods**

Pursuant to SBER 6A-6.05281(6)(a), the instructional program shall consist of two hundred fifty (250) days of instruction, ten (10) of which may be used for teacher planning, distributed over twelve (12) months, as required by Fla. Stat. § 1003.01(11)(a). The instructional program shall be provided a minimum of five (5) hours per day and shall consist of appropriate academic, vocational or exceptional curricula and related services under the

supervision of a qualified teacher as specified in SBER 6A-6.0501. The students will follow, as closely as possible, a basic academic program with the intent to exit the student to the home school or a Dropout Prevention/Alternative Education program at the end of the commitment period.

**Assessment (SBER 6A-6.05281)**

All students in DJJ commitment, day treatment, or early delinquency intervention programs, who have not graduated from school, shall be assessed within ten (10) school days of the student's commitment. The entry assessments shall include academic measures that provide proficiency levels in:

- a. Reading
- b. Math
- c. Writing

**Exit Criteria & Procedures**

Exit criteria from day treatment, detention and residential commitment programs are determined by the Department of Juvenile Justice and the courts.

**Juvenile Justice Programs Reentry Procedures**

Transition services are provided pursuant to SBER 6A.6.05281(3).

**Detention Center and Palm Beach County Jail**

Students exiting from the Palm Beach Regional Juvenile Detention Center or Palm Beach County Jail do not require reentry meetings. The onsite DJJ Transition Liaisons assist with students' transition from the Detention Center and/or Palm Beach County Jail back to home school and monitor student enrollment.

The students become involved with the DJJ when they are arrested by law enforcement for an alleged criminal act. Law enforcement will transport the student to the Juvenile Assessment Center. At the Juvenile Assessment Center, the student will be delivered to the Intake Unit.

- The Intake Unit will determine if the student should be picked up by a parent or guardian. The parent or guardian will be responsible for transporting the student to court for a first appearance before a Juvenile Judge.
- The Intake Unit will have the student transported to the Palm Beach Regional Detention Center to be brought before a Juvenile Judge for a first appearance.
- First Court Appearance - The Juvenile Judge will determine if the student meets the criteria to be detained at the Detention Center or be direct filed to the adult division. A Public Defender will be appointed for the student. The Public Defender will discuss with the student whether to plead innocent and take the case to trial, or to plead guilty and have the Judge make the decision about the case disposition.

- The Court will determine if the student should remain detained at the Detention Center or Palm Beach County Jail.
- Students who are released by the Court are to report to their home school within twenty-four hours.
- Students who go to trial and found innocent or are placed on probation are to go back to their home school.
- Students who are sentenced to an offender program, but are released by the Court to await the placement, are to return to their home schools. (If there are court restrictions about placement, the Court Liaison Manager, will notify the home school by telephone and also supply a copy of the Court Order for students who are restricted from the school.)
- The Detention Center and Palm Beach County Jail are holding facilities, not commitment programs; as such, a reentry meeting is not held and should not be required.

### **Residential commitment and Day Treatment Programs**

Students who have completed a court-ordered residential commitment or day treatment program at a DJJ facility are required to attend school and are entitled to return to their geographically assigned home school unless the agency provider or juvenile probation officer recommends follow-up care in a day treatment program.

Students reentering public school from a DJJ residential commitment or day treatment program and who are on probation will have a SBT or IEP meeting at the students' home school. Meetings for DJJ reentry students who are not on probation are not required.

Reentry notifications and requests for DJJ reentry meetings will be sent at least ten (10) school days prior to students returning by the DJJ Transition Coordinator to the Alternative Education Liaison, home school principal, DJJ contact, SBT leader and ESE Contact, if applicable. Reentry SBT or IEP meetings should be held within three (3) school days of a student being released from a DJJ program.

DJJ requires reentry students to attend school immediately upon exit from a residential commitment program. Even if a reentry meeting cannot be held within three (3) days of release, the student must enroll immediately and attend school until a reentry SBT/IEP meeting is held.

The reentry SBT/IEP Team may recommend a DJJ reentry student for placement at a Behavior Intervention program or Academic Intervention Program. Packets for DJJ reentry should include all requirements previously stated in this Manual for general and ESE students.

The following must also be included:

- PBS Form 1546 signed by the parent and the Principal of the home school. Eligibility criteria should include community control or reentry from adjudication (Code T)

- PBSD Form 1051 should include justification for any Dropout Prevention/Alternative Education placement, current grade level and academic progress at DJJ program and recommended length of enrollment (DJJ reentry does not require a minimum of one full semester placement)
- Copy of school records from DJJ program
- Current health information

If the home school principal has good cause to believe that the student's presence will pose a serious threat to the safety of the student or others, or will cause a serious disruption to the educational environment, the principal may request that the SBT/IEP Team consider dropout prevention/alternative education placement for the reentering student. The IEP Team will follow the appropriate procedures set forth in this Manual for the type of Dropout Prevention/Alternative Education program that is being considered (Academic Intervention or Behavior Intervention Program).

While such determinations are made, the student must be enrolled in school. Under no circumstances may a student be denied education beyond 24 hours from when the student is released from the DJJ program.

### **Exit Criteria**

DJJ reentry students placed in Behavior Intervention Programs do not have to meet the same exit criteria as required for Dropout Prevention/Alternative Education Behavior Programs. DJJ reentry students should exit at a natural academic break (at the semester for middle and high school). A meeting must be held prior to a student exiting a Dropout Prevention/Alternative Education program. Alternative Education Liaisons will follow Dropout Prevention/Alternative Education exit procedures.

## **B. Youth Services Programs**

Youth Services (YS) programs are designed to serve students who are attending a rehabilitation program funded by a county commission, private corporation, or Sheriff's Office.

The School District does not determine placement of students in these programs. Attendance at these sites is voluntary and strictly based on parent, individual student, outside agency or court- recommended referral. Upon entry to a Youth Services program the home school will be contacted for withdrawal and transfer of student records. At the time of registration, PBSD Form 1546 (Eligibility/Consent for Placement) will be completed and retained with all School District entry records at the program.

The Youth Services programs are divided into three categories:

1. Substance Abuse Residential Treatment Programs
2. Family and Behavior Counseling Residential Programs
3. Behavior Treatment Residential Programs

### **Program Goals/Objectives**

The goal of these programs is the student's continuation in an education program, with accrual of credits, promotion to the next grade level and/or earning a high school diploma during the placement in a substance abuse, family and behavior counseling or behavior management program.

Agreements between the School District and outside providers are in place to provide educational services to students who are experiencing varying degrees of substance abuse. These programs serve students who have a documented substance abuse problem. School District personnel do not determine placement in these programs.

### **Specific Eligibility Criteria - Substance Abuse Programs**

(SBER 6A-6.0526)

- Student usually is between 13-18 years old; and
- Student has documented drug-related or alcohol-related problem; or
- Student has immediate family members who have documented drug-related problems that adversely affect student's performance in school.

Each program may have additional criteria for admission. Additional information for the Residential Treatment Programs can be obtained from Youth Services or the contracted provider.

### **Specific Eligibility Criteria - Family and Behavior Counseling Residential Programs**

- Student is usually between the ages of 11 - 16
- Student is experiencing problems at home, school or with their peers
- Student family is currently in crisis

### **Curriculum and Instructional Periods**

The instructional program shall be provided to participants a minimum of five (5) hours per day and may be offered on a variable schedule as needed to deliver the curriculum. The program administered by the providers includes instruction designed to deter substance abuse, and assist in behavior and family counseling. SBER 6A-6.0526(3). Each program may vary based on program specific criteria.

Youth Services Programs may be offered in a non-school-based residential substance abuse treatment program facility or residential family and behavior counseling program facility, such as alternative sites, regular school campuses, or in any location approved by the School Board. SBER 6A-6.0526(4).

## **Exit Procedures**

The School District does not determine the student's length of stay in the program. Students typically return to their home school upon program completion or dismissal. The guidance/transition counselor will notify the student's home school ten (10) days before a planned exit from the Substance Abuse, Family and Behavior Counseling Program or Behavior Intervention Program so that the home school may create a support plan.

## **C. Other Youth Services Programs**

### **Palm Beach County Sheriff's Office (PBCSO) Program**

The PBC Sheriff's Office offers a residential program model. This model has (3) phases

- Phase one: military model in self-esteem and team/building
- Phase two: personal growth, life skills training, vocational and educational skills development
- Phase three: family and school follow-up process

### **Eligibility Criteria and Placement**

Upon entry into a PBCSO program, an application must be completed by the parent/guardian. If accepted into the program, student withdrawal and transfer of records is requested by the program from the home school. At the time of registration, PBSO Form 1546 (Eligibility/Consent for Placement) will be completed and retained with all School District entry records at the program.

Enrollment must be voluntary and have parent/guardian and student consent. In addition, mandatory parent participation is required. Schools do not determine placement. Candidates must commit to attend for a minimum of one semester, exhibit one of the at-risk characteristics listed below, and must be 13-16\* years old:

- Excessive absenteeism and tardiness
- Inconsistent attendance
- Poor grades or grades that do not reflect potential
- Academic Credit deficiency
- Poor or inconsistent peer relationships and/or poor social skills
- Lack of motivation

\*Student may return for an additional semester if successful in the program even if the student is 17 years of age.



### **Instructional Periods**

Instruction shall be provided for a minimum of five (5) hours of instruction per day, unless the student participates in a student support and assistance component rather than the standard drop-out prevention program. In order for the student to fully benefit from this program, a student should commit to a minimum of one semester.

### **Exit Procedures**

The School District does not determine the student's length of stay in the program, however, emergency exit meetings may occur as needed. Students typically return to their home school upon program completion or dismissal at the end of the semester. The guidance/transition counselor will notify the general education student's home school ten (10) days before a planned exit from the program so that the home school may create a support plan.

All ESE students exiting the program require IEP Team meetings. ESE students will be transitioned in accordance with the IEP Team recommendations.

## **Court Education Liaisons: The 15<sup>th</sup> Judicial Circuit of Florida**

The School District of Palm Beach County provides Court Education Liaisons to judges assigned to the 15<sup>th</sup> Judicial Circuit of Florida, Juvenile Division. These employees perform the following functions:

- Interpret educational records to assist judges in adjudicating juvenile cases
- Collaborate with Department of Children and Families on court involved youth
- Provide student advocacy
- Coordinate educational information packets for students at their court appearances
- Assist and participate in Court Appearances as requested by their assigned judges
- Assist parents as appropriate concerning student enrollment matters
- Notify parents of appropriate school contact and enrollment requirements if not actively enrolled
- Notify Transition Coordinator of pending enrollment or placement
- Notify appropriate home school campus contact, of student pending or recommended enrollment/placement, via email and phone contact
- Obtain contact information for Juvenile Probation Officer and school related requirements as applicable and provide to home school contact
- Share information with parents and students about educational placement and graduation options
- Provide ongoing follow up and support to DJJ students and families as requested
- Participate in juvenile justice meetings and committees as assigned
- Explore business and community partnerships to support initiatives for students enrolled in DJJ/Youth Services programs.

## **PART IV --- Teenage Parent Programs**

[Fla. Stat. § 1003.54; SBER 6A-6.0525]

Teenage Parent Programs serve school-aged parents or pregnant students who meet the criteria for placement in the specified program. Participation in a Teenage Parent Program is voluntary. Pregnant students, teenage parent students, and their children shall not be assigned to the program without annual parental or adult student consent (PBSD Form 1546).

### **Eligibility**

To be eligible to participate in the Teenage Parent Program, teenage parents or pregnant students must:

- Voluntarily commit to attend for a minimum of one (1) semester.
- Be pregnant, or be a teenage parent.
- Be children of parenting students and teenage parent program completers.
- Provide one of the following documents: a certification of pregnancy from either the county health unit or a private physician or the child's birth certificate, copy of application of birth certificate, hospital records, or a notarized affidavit of fatherhood signed by mother and father.
- Provide evidence of parent's Teenage Parent Program completion and documentation of child's birth.

[SBER 6A-6.0525(2)(b-c).]

Students served in Teenage Parent Programs shall retain the right to earn the number and type of credits required for a standard or special diploma pursuant to Section 1003.54, Florida Statutes. As stated within SBER 6A-6.0521(2) and 6A-6.0524(1), ESE students referred for enrollment in a Teenage Parent Program shall have an Individual Education Plan review prior to enrollment. A staff representative of the Teenage Parent Program in the district shall participate in the review.

English Language Learner (ELL) students meeting the eligibility criteria for the Teenage Parent Program shall be considered for enrollment in the Teenage Parent Program based on student needs. Parents shall be notified annually in writing of students participating in a Teenage Parent Program and of their right to review any action relating to such enrollment.

### **Student Admission Procedures**

Students who attend a Teenage Parent Program in their comprehensive high school must provide the eligibility documents noted above including parental notification of the program placement (PBSD Form 1546). Standard Alternative Education Academic Placement Packet procedures are followed for students seeking placement in an Alternative Education Teenage Parent Program. Students must provide proof of pregnancy from a private physician, any County Health Department or the child's birth certificate. Students who are teenage parents or who are pregnant, and have dropped out of school, may be eligible for enrollment in a

Teenage Parent Program by re-enrolling at their home school. If a Dropout Prevention/Alternative Education placement is considered, the home school follows alternative education placement procedures.

### **Program Objectives**

The Teenage Parent Program objectives are to provide pregnant students and teenage parent participants' instruction in the areas of prenatal and postnatal health care, parenting skills, the benefits of sexual abstinence, and the consequences of subsequent pregnancies, as well as to provide ancillary services and child care. SBER 6A-6.05292(1)(b).

The Teenage Parent Program (TAP) offers pregnant students and teen parents the opportunity to gain parenting skills, obtain certified day care for their infants, and complete requirements for graduation. All participants in TAP must take at least one, state approved, child development or parenting course to access the child care services. Referrals to social services and health services are also provided.

The basic Teenage Parent Program objectives include:

- Staying in school or earning a high school diploma.
- Continuation of academic program during placement in the Teenage Parent Program.
- Improved parenting skills.
- Reducing repeat pregnancies.
- Increasing the number of infants with a birth weight at or above 5.5 pounds.

SBER 6A-6.05292 (1)(b).

### **Student Outcome Objectives**

Students served in Teenage Parent Programs are encouraged to continue their education despite perceived obstacles. Eligible teenage parents may remain in the program until they graduate or reach the maximum age of enrollment as set forth in the Student Progression Plan, adopted in School Board Policy 8.01. Students will have the opportunity to:

- Acquire and/or improve parenting skills
- Improve attendance
- Improve academic performance
- Advance to the next grade
- Accrue credits with eventual program completion resulting in a high school diploma

### **Program Components**

The Teenage Pregnancy Program may be delivered on a variable schedule as needed to deliver the pregnancy or parenting-related curriculum as specified in Fla. Stat. § 1003.54(3)(b). Children of teenage parent students enrolled in Teenage Parent Programs shall

be served during the time that the parent student is earning credit towards a standard or special diploma, pursuant to Fla. Stat. §§ 1003.429-438.

The Teenage Parent Program will include, but is not limited to providing:

- Pregnant or teenage parents enrolled in the School District receive a full range of health and social services, in addition to the education component
- Flexible class schedules, where applicable
- Transportation
- An opportunity to learn strong parenting skills and educational training
- An accelerated credit recovery program, and/ or the GED Exit Option Model, where available, if eligibility criteria are met
- The right to earn the number and type of credits required by standard and special diplomas
- Child care services for teenage parent program participants
- On-going parenting skills, health and nutrition curriculum including pre and post assessments of parenting skills

### **Exit Criteria and Procedures for Teenage Pregnancy Program participants at Alternative Education Centers**

Parents, students, the SBT, ELL, 504, or the IEP Team may recommend a return to a regular school program. The Team will consider these recommendations and act accordingly at their meeting. Best practice recommends regular education students exit at the end of the semester based on the District calendar. ESE/ELL/504 students will be exited in accordance with ELL/IEP/504 Team recommendations.

If a provisionally placed regular education student fails to adhere to Teenager Parent Program school's code of conduct, upon the recommendation of the SBT, 504 Committee, or ELL Committee, he/she may be exited to the home school or be placed in a Behavior Intervention Program following the meeting, based on the severity of the infraction and the student's past behavior. Prior to or during the exit staffing, the SBT, 504 Committee, ELL Committee, or IEP Team will review student progress and document its recommendations on the Student Exit Report (PBSD 1605) and Student Support Plan (PBSD 2007).

## **Ancillary Services**

### **Child Care**

Developmentally appropriate learning activities for the children of Teenage Parent Program participants and completers during the hours when the student's teenage parent(s) is earning credit pursuing a standard or special diploma. SBER 6A-6.0525(5). Graduation and credit requirements are set forth in Fla. Stat. §§ 1003.429-438.

### **Health services**

Health services include a referral to health and nutrition education and routine prenatal and postnatal health checkups during the time that the teenage parent student is reported for FTE in the Teenage Parent Program. Routine check-ups for the children of Teenage Parent Program participants and completers, including immunizations, shall be provided or coordinated during the time those children are reported for FTE in the Teenage Parent Program.

### **Social services**

Social services include counseling assistance or case coordination related to economic assistance, during the time that the teenage parent students or their children are participating in Teenage Parent Program. The Teen Parent Program refers students to social services agencies as needed.

### **Transportation**

Transportation includes transportation for Teenage Parent Program participants, program completers who have returned to their home schools, and their children regardless of distance from school. Fla. Stat. § 1011.68(1)(b). Transportation shall be provided for teenage parents and their children to and from home and the school and the child care facility, as required for the parent's educational activities in credit earning hours.



# Conference Record

STUDENT NUMBER

This form may be used for regular education, 504, or ESE purposes. If more space is required for discussion, conclusion and/or recommendations continue on PBSB 1051A.

STUDENT NAME <i>(last, first, middle initial)</i>		DATE OF BIRTH	SEX
SCHOOL		GRADE	CURRENT DATE

### PURPOSE OF MEETING

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> School Based Team/CST  | <input type="checkbox"/> Parent Conference                    | <input type="checkbox"/> Eligibility: __ ESE __ 504   |
| <input type="checkbox"/> 504 Plan/Modifications | <input type="checkbox"/> Individual Education Plan, IEP (ESE) | <input type="checkbox"/> Ineligibility: __ ESE __ 504 |
| <input type="checkbox"/> Educational Planning   | <input type="checkbox"/> Service Plan                         | <input type="checkbox"/> Other: _____                 |
| <input type="checkbox"/> Educational Plan (EP)  | <input type="checkbox"/> Phone Conference                     |   |

### PARTICIPANTS *(signature and title)*

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

### DISCUSSION

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### CONCLUSION/RECOMMENDATIONS

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF RECORDING DESIGNEE DATE



THE SCHOOL DISTRICT OF PALM BEACH COUNTY  
**Conference Record Continuation**

STUDENT NUMBER
DATE

Continuation of discussion, closure and recommendation narrative.  
Attach to page 1 of the *Conference Record (PBSD 1051)*.

**DISCUSSION**

**CONCLUSION/RECOMMENDATIONS**



Student Number	Today's Date
----------------	--------------

### Eligibility/Consent for Placement

Name (last, first, middle initial)				Grade	Gender	Race/Ethnic	Birth Date
<input type="checkbox"/> New Enrollee	<input type="checkbox"/> Carryover Student	<input type="checkbox"/> Transfer Student	<input type="checkbox"/> 504	<input type="checkbox"/> ELL	<input type="checkbox"/> ESE	Recommended Enrollment Length	
Sending School				Program Name			

Indicate below the student eligibility criteria that corresponds with the program plan. Student is/has:

**Retained In Grade (Code A)**

- Placed in grade 6, 7, 8 or 9 (due to multiple retentions)
- Retained
- Below state or district, proficiency levels in reading, writing or math
- Placement by Area Superintendent (regular education only)

**Academically Unsuccessful (Code B)**

- Low or failing grades (D's/F's) in two or more academic subjects
- Low achievement test scores (below level 3 in FCAT reading, mathematics, or writing.)
- Credit deficiency
- Placement by Area Superintendent (regular education only)

**Attendance**

- Record of excessive absences that inhibits the student's progress (Code C)
- Habitually truant (15 unexcused absences within 90 calendar days) (Code N)
- Placement by Area Superintendent (regular education only)

**Behavior**

- History of chronic or severe disruptive behavior (Code J)
- Repeated out-of-school suspensions (Code H)
- Threatens general welfare of others (Code J)
- Placed in grade 6, 7, 8, or 9 (due to multiple retentions) (Code J)
- ESE/Interim Alternative Education Settings (IAES) Placement (Code J)
- Community control or re-entry from adjudication (Code T)
- Felony suspension (Code H)
- Placement by Area Superintendent (regular education only) (Code J)
- Expulsion pending (Code I)
- Expelled by school board action (Code I)
- Expulsion re-entry (Code J)
- Unsuccessful in current Dropout Prevention/Alternative Education program (Code J)
- Incident based (Code J)

**TEENAGE PARENT PROGRAM (CODE P)**

- Pregnant as documented by a county public health unit or private physician's certification of pregnancy. (Code E)
- A parent as documented by the child's birth certificate, copy of application for birth certificate, hospital records, or a notarized affidavit of fatherhood signed by the mother and teenage father. (Code F)
- Child of student enrolled in teenage parent program or student who has completed program and is enrolled in courses to meet graduation requirements (Teenage Parent Consent for Placement and a copy of the child's birth certificate have been made available to this program.) (Code G)

**THERAPEUTIC PROGRAM (Outside agencies)**

- Enrolled by parent/guardian in voluntary agency program

**JUVENILE JUSTICE PROGRAM**

- Under probation supervision (Code T)
- Committed by court order

**PARENT CONSENT / NOTIFICATION (Required for Academic Intervention and Teenage Parent)**

Parent/guardian hereby acknowledges notification of the placement of his/her child in a DOP/AE Program and the location of program. The custodial parent/guardian has the right to request an administrative review regarding this placement. The custodial parent/guardian has the right to request an evaluation to consider eligibility for Exceptional Student Education services. **If you have questions about this recommendation or would like information about the program, contact the school center or the Area office.**

**Sign and date this form if you agree with this recommendation to enroll your child in the DOP/AE Program indicated above, and that you have received notification of the placement.**

Signature of Custodial Parent/Guardian

Date

Signature of Principal or Area Superintendent

Date





- School Based Team
- ELL Committee
- 504 Committee

## Regular Education Referral Procedures Checklist

The Area Alternative Education (AE) Placement Liaison and 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 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 Director's signature. DOP/AE notifies the Area Superintendent of student eligibility status and Referral Packet completion. The Area office notifies the sending and receiving schools of the approved placement request and forwards a copy of the Referral Packet to the receiving school.

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"/> 7. General education teacher  |
| <input type="checkbox"/> 2. DOP/AE Contact from DOP/AE program or school                       | <input type="checkbox"/> 8. School guidance counselor  |
| <input type="checkbox"/> 3. Custodial parent/guardian  | <input type="checkbox"/> 9. 504 designee/representative (if appropriate)   |
| <input type="checkbox"/> 4. Student  | <input type="checkbox"/> 10. ELL representative (if appropriate)   |
| <input type="checkbox"/> 5. School administrator   | <input type="checkbox"/> 11. Translator (if appropriate)   |
| <input type="checkbox"/> 6. SBT case liaison   | <input type="checkbox"/> 12. Juvenile Probation Officer or other outside agency representative (if appropriate) (attendance required for Juvenile Justice placement) |

**B) Current school Child Study Team (CST) collects documentation pertaining to student performance, attendance, disciplinary infractions, and behavior interventions**

- |  |  |
|--|--|
| <input type="checkbox"/> 1. SSAASY- School Based Team Action Plan(s) Suspension, GPA, "F," Absence, Gap) or DOP/AE Student Support Plan (PBSD 2007)  | <input type="checkbox"/> 5. Log of guidance counselor interventions regarding areas of concerns                                |
| <input type="checkbox"/> 2. EDW RSSOA0082 (Secondary or Elementary)  | <input type="checkbox"/> 6. Log of administrator interventions (if appropriate)  |
| <input type="checkbox"/> 3. TERMS screens A03, A05, A06, A07, A08, A10, A12, A13, A14, A15, A17, A21, A23 and A24  | <input type="checkbox"/> 7. Progress Monitoring Plan (PMP) (PBSD 1739 -grades K-5 or PBSD 1687 - grades 6-12) (if appropriate) |
| <input type="checkbox"/> 4. 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)                    |

**C) Responsibilities of CST during meeting**

- 1. Review documentation from item (B) of this checklist, attach all documentation
- 2. Document in Conference/Staffing Records (PBSD 1051) or Conference/Staffing Records Continuation (PBSD 1051A)
  - a. previously implemented interventions recommended by CST for behavior or academic concerns
  - b. input from parent/guardian (if in attendance, via telephone, or in writing)
  - c. determination of appropriate placement
  - d. documentation of SBT referral (PBSD 2106)
  - e. documentation of School Based Team meeting to discuss intervention
  - f. documentation of follow up School Based Team meeting
  - g. copy of certified mail receipt, dated at least 10 days prior to meeting, notifying parent of DOP CST

**Regular Education Referral  
Procedures Checklist**

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

- D) If this referral is based on a single incident, the incident must be an expellable offense per District Policy 5.1812 or 5.1813. Include in the Referral Packet a copy of the Student Discipline Referral (PBSD 0279).
- E) If the CST recommends placement in an Dropout Prevention/Alternative Education program, the sending principal's designee and the Area Alternative Education Placement Liaison coordinate the following completed items to be included with the Referral Packet
- 1. All documentation from item (B and C) of this checklist included
  - 2. Updated A23 to indicate Dropout Prevention/Alternative Education placement in progress
  - 3. All conference Records (PBSD 1050/1051A) pertaining to this DOP/AE referral
  - 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 1739 or PBSD 1687) signed by principal, teacher/guidance counselor and custodial parent/guardian (for any student currently failing reading, English/language arts, math or science, and/or any student whose A08 screen indicates the need for a PMP)
  - 6. Updated 504 Accommodations Plan (PBSD 1470 - Elem. or PBSD 1595 - MS/HS) (if appropriate)
  - 7. TERMS A06 screen, initialed and dated by school nurse, verifying immunization compliance
- F) Indicate  voluntary or  involuntary placement, the recommended program:

**NOTE: The sending school is responsible for arranging transportation**

**Behavior Interventions  
for Elementary**

- Gold Coast
- Lake Shore Annex
- Delray Full Service Center

**Behavior Interventions  
for Middle and High School**

- South Intensive @ South School of Choice
- Turning Points Academy
- West Intensive @ West Tech

**Parental/Outside Agency  
for Middle and High School**

- PBMI
- PACE

- G) 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; (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**



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

- Juvenile Justice Program     Academic Intervention  
 Teenage Parent Program     Behavior Intervention  
 Therapeutic Program     Outside Agency

Name (last, first, middle initial)		Student Number	Date of Birth	Today's Date
Dropout Prevention/Alternative Education School/Program		Location #	Start Date	Exit Date
Receiving School		Grade Level	Updated Dates	
			PMP	504

**Prior to or during the exit staffing meeting, the sending school/ program, in consultation with the receiving school, completes the following information:**

Student's preferred learning modalities	Receiving school mentor / support counselor
---	---

**Recommended Strategies (indicate "NA" if not applicable; see examples on page 2)**

Classroom Environment	Interpersonal Behavior
Lesson Presentation	Small Group Behavior
Student Work	Responding to Instructions/Authority
Assessment/Testing	Following Rules & Expectations
Motivation/Effective Reinforcers	Effective Behavior Consequences
Other / Comments	
Special conditions for return, i.e. performance contract, special progress reports (attach copies if applicable)	

Signature of Sending School Representative \_\_\_\_\_ Date \_\_\_\_\_  
 Signature of Receiving School Representative \_\_\_\_\_ Date \_\_\_\_\_  
 PBSD 2007 (Rev. 8/31/2007) ORIGINAL - Receiving School COPY - Student's DOP/AE Folder Page 1 of 2

**Examples of strategies that may be used to complete *Student Support Plan (PBSD 2007)* for the individual student:**

<p><b>Classroom Environment</b></p> <ul style="list-style-type: none"> <li>• Use regular classroom routines that provide structure to class period/day</li> <li>• Limit proximity to distractions (window, door, other students)</li> <li>• Seat next to peer "study-buddy"</li> <li>• Provide legitimate reasons to move around classroom</li> <li>• Seat close to teacher</li> <li>• Identify a quiet area where student may go when necessary</li> </ul>	<p><b>Interpersonal Behavior</b></p> <ul style="list-style-type: none"> <li>• Provide counseling or coaching (individual/small group) for special needs</li> <li>• Make sure student has communication and social skills needed to handle peer interactions (alternate responses to situation/role play)</li> <li>• Make sure student has skills needed to avoid peer conflict</li> <li>• Make sure student knows which adult can assist him/her in problem situations and how to access assistance</li> <li>• Provide role model Prevent over-stimulation</li> <li>• Intervene early to avoid more serious behavior</li> </ul>
<p><b>Lesson Presentation</b></p> <ul style="list-style-type: none"> <li>• Include components directed to the student's learning modality/style</li> <li>• Give student a preview of what is going to happen during class</li> <li>• Connect new concept to student's previous knowledge</li> <li>• Provide oral and written instructions</li> <li>• Provide copy of notes prior to presentation</li> <li>• Use advance organizer</li> <li>• Ask for paraphrasing when checking for understanding</li> </ul>	<p><b>Small Group Behavior</b></p> <ul style="list-style-type: none"> <li>• Make sure student has communication and social skills interaction needed for group</li> <li>• Assign specific role and responsibility</li> <li>• Monitor participation</li> <li>• Let student work with trained classmate to help keep on task</li> <li>• Allow partial participation in cooperative groups</li> </ul>
<p><b>Student Work</b></p> <ul style="list-style-type: none"> <li>• Use prearranged signal to gain attention before giving directions</li> <li>• Identify "study buddy" who can repeat and explain directions</li> <li>• Provide ways for student to self-monitor or check assignments</li> <li>• Provide a variety of activities that address student's learning style</li> <li>• Provide choice of assignments</li> <li>• Have folder of assignment instructions readily available in classroom</li> <li>• Make sure student knows how to take notes</li> <li>• Give student time to take notes</li> <li>• Allow student to copy notes from "study buddy" • Monitor student's use of homework log/journal/planner</li> <li>• Have student use rubric/checklist to keep track of parts of lengthy assignment</li> <li>• Provide adequate time to complete assignment</li> <li>• Provide immediate feedback</li> <li>• Make sure student knows how to get questions answered during independent or group work periods (remind daily if necessary)</li> <li>• Check student's planner for accuracy or provide copy of instructions including due dates</li> <li>• Call on student when he/she can answer successfully.</li> <li>• Provide advance notice of when you plan to call on student or ask student what he/she is prepared to share with class</li> <li>• Allow student to attempt something new in private</li> </ul>	<p><b>Responding to Instructions/Authority</b></p> <ul style="list-style-type: none"> <li>• Remain calm</li> <li>• If student does not respond to you, get assistance from someone he/she responds to</li> <li>• De-personalize rules or instructions -Provide student with choices, not ultimatums</li> <li>• Do not use sarcasm or irony</li> <li>• Do not tease student</li> <li>• Deliver redirection as privately as possible</li> <li>• Provide adequate time &amp; space for student to respond appropriately to redirection</li> </ul>
<p><b>Assessment/Testing</b></p> <ul style="list-style-type: none"> <li>• Provide study guides</li> <li>• Teach/re-teach test-taking strategies</li> <li>• Provide grading rubric that covers all expectations for course</li> <li>• Match assessment format to student's communication/learning style</li> <li>• Provide regular, meaningful feedback</li> </ul>	<p><b>Following Rules &amp; Expectations</b></p> <ul style="list-style-type: none"> <li>• Make sure student understands your expectations and consequences (daily, if necessary)</li> <li>• Allow student to question directions or instructions when not understood</li> <li>• Praise for following request/directions or meeting expectation</li> <li>• Be consistent</li> <li>• Discuss rule changes with student</li> <li>• Use infraction as teaching opportunity</li> <li>• Intervene early to avoid serious rule infraction</li> </ul>
<p><b>Motivation/Effective Reinforcers</b></p> <ul style="list-style-type: none"> <li>• Catch student doing something right</li> <li>• Provide immediate reinforcement for meeting expectation</li> <li>• Frequent praise</li> <li>• Allow student to select from reinforcement menu</li> <li>• Maintain on-going communication with parent/guardian</li> <li>• Run errands or give some other responsibility</li> <li>• Fewer items or problems on assignment</li> <li>• Homework "free" pass</li> </ul>	<p><b>Effective Behavior Consequences</b></p> <ul style="list-style-type: none"> <li>• Telephone or contact</li> <li>• Loss of privilege</li> <li>• Work detail</li> <li>• Behavior contract specifying</li> <li>• Other</li> </ul>



THE SCHOOL DISTRICT OF PALM BEACH COUNTY  
**Student Progress Monitoring Plan  
 for Grades K through 5**

State law requires a **Progress Monitoring Plan** when a student is **functioning below grade level and is not on track for promotion**. The desired level of performance for grades 3-5 for reading, math, and science is level 3; for writing it is a minimum score of 3.5.

STUDENT NAME (last, first, middle initial)		STUDENT ID #
SCHOOL NAME		GRADE
DATE OF BIRTH	ABSENCES	RETENTIONS
TEST SCORES		

<input type="checkbox"/> <b>READING</b> <input type="checkbox"/> K-3 Assessment/Running Record with comprehension retelling <input type="checkbox"/> District Common Assessment <input type="checkbox"/> Literacy performance indicators <input type="checkbox"/> SSS Diagnostic Tests <input type="checkbox"/> Diagnostic software <input type="checkbox"/> Oral Reading Probe <input type="checkbox"/> DAR <input type="checkbox"/> Other	<b>Desired level for K-2:</b> Reading _____ Mathematics _____		
	<b>Previous Status:</b> Use the following letters/numbers to indicate previous status in the appropriate box: <b>PMP</b> = Had a previous Progress Monitoring Plan (PMP) <b>P</b> = Promoted <b>ESE</b> = Screened for ESE <b>K</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> <b>R</b> = Retained <b>504</b> = On a 504 plan		
<input type="checkbox"/> <b>WRITING</b> <input type="checkbox"/> Palm Beach Writes	<input type="checkbox"/> <b>MATHEMATICS</b> <input type="checkbox"/> District Common Assessment <input type="checkbox"/> SSS Diagnostic Tests <input type="checkbox"/> Diagnostic software <input type="checkbox"/> Other	<input type="checkbox"/> <b>SCIENCE</b> <input type="checkbox"/> Diagnostic software <input type="checkbox"/> Grade level expectations <input type="checkbox"/> Other	
			<input type="checkbox"/> Phonemic Awareness <input type="checkbox"/> Rhyming <input type="checkbox"/> Syllabication <input type="checkbox"/> Segmenting/Blending <input type="checkbox"/> Phonics <input type="checkbox"/> Sound/Symbol Correspondence <input type="checkbox"/> Decoding/Encoding <input type="checkbox"/> Fluency <input type="checkbox"/> High frequency words <input type="checkbox"/> Rate <input type="checkbox"/> Vocabulary <input type="checkbox"/> Structural Analysis <input type="checkbox"/> Word Meaning <input type="checkbox"/> Text Comprehension <input type="checkbox"/> Words and phrases in context <input type="checkbox"/> Main idea, plot and author's purpose <input type="checkbox"/> Comparisons and cause/effect <input type="checkbox"/> Reference and research
<input type="checkbox"/> Word work <input type="checkbox"/> Teacher read/think aloud <input type="checkbox"/> Shared reading <input type="checkbox"/> Guided reading <input type="checkbox"/> Reader's theater/fluency activities <input type="checkbox"/> Concept maps / graphic organizers <input type="checkbox"/> Skills development <input type="checkbox"/> Other	<input type="checkbox"/> Model writing process <input type="checkbox"/> Shared writing <input type="checkbox"/> Sentence strips/pocket chart <input type="checkbox"/> Writer's workshop <input type="checkbox"/> Peer/teacher/student conference <input type="checkbox"/> Other	<input type="checkbox"/> Hands-on activities <input type="checkbox"/> Critical thinking opportunities <input type="checkbox"/> Real world applications <input type="checkbox"/> Individual/small group instruction <input type="checkbox"/> Computer assisted instruction <input type="checkbox"/> Mathematics journal writing <input type="checkbox"/> Other	<input type="checkbox"/> Word pictures <input type="checkbox"/> Guided reading <input type="checkbox"/> Summary notes <input type="checkbox"/> Main idea organizer <input type="checkbox"/> Double entry journal <input type="checkbox"/> Hands-on investigation <input type="checkbox"/> Other
<input type="checkbox"/> Flexible skills groups <input type="checkbox"/> Cooperative learning groups <input type="checkbox"/> Guided reading <input type="checkbox"/> Technology <input type="checkbox"/> Supplemental Academic Instruction (SAI) <input type="checkbox"/> Practice	<input type="checkbox"/> Flexible skills groups <input type="checkbox"/> Cooperative learning groups <input type="checkbox"/> Guided writing groups <input type="checkbox"/> Technology <input type="checkbox"/> Rubric practice <input type="checkbox"/> Other	<input type="checkbox"/> Flexible skills groups <input type="checkbox"/> Cooperative learning groups <input type="checkbox"/> Technology <input type="checkbox"/> Other	<input type="checkbox"/> Flexible skills groups <input type="checkbox"/> Cooperative learning groups <input type="checkbox"/> Technology <input type="checkbox"/> Other
<b>Referrals</b> Child Study Team (CST) _____ School Based Team (SBT) _____	<b>Assignment Modifications</b> Time _____ Quantity _____	<b>Assignment Modifications</b> Product Requirements _____ Tutoring _____	Reading _____ Writing _____ Math _____ Science _____

**Frequent Monitoring** - State law requires that schools provide for frequent monitoring of the student's progress in meeting the desired level of performance.

Reading	
Writing	
Math	
Science	

**End-of-Year Review**

Enter symbol in box:

S = Successfully remediated  Reading

R = Requires PMP next school year  Writing

SS = Special services/placement  Mathematics

O = Other (see attached)  Science

**Parent/Guardian Commitment/Contribution** Check all that apply.

Monitor Attendance / Tardies  Reinforce Skills

Encourage Reading at Home  Sign Daily/Weekly Notes

Attend Parent Conferences  Attend Parent Curriculum/Information Meetings

Check Homework

SIGNATURE OF PARENT / GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF PRINCIPAL \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF TEACHER \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF TEACHER \_\_\_\_\_ DATE \_\_\_\_\_



THE SCHOOL DISTRICT OF PALM BEACH COUNTY  
**504 Modification Plan - Elementary**

**Medical (Nurse Care Plan Attached)**     **Psychological**

UPDATED \_\_\_\_\_

Complete this form at an appropriate 504 multi-disciplinary team meeting. Parent/guardian must be notified.

NAME (Last, First, Middle Initial)	ID NUMBER	BIRTHDATE	TODAY'S DATE
SCHOOL	GRADE	PARENT/GUARDIAN(S) NAME	

504 Documented Disability(s) (ADD, Asthma, etc.) \_\_\_\_\_

Section 504 students are responsible for meeting pupil progression standards including any quarterly and/or semester exams. The individual student's Section 504 plan documents any needed instructional modifications required to ensure that the student has an equal opportunity to meet those pupil progression standards.

**Physical Arrangement of Room**

- Seat student near teacher
- Seat student near positive role model
- Increase distance between desks

- Place student in area of room with least distractions
- Additional interventions: \_\_\_\_\_

**Lesson Presentations**

- Give student outline prior to lesson
- Teacher directed taping lessons/lectures
- Allow student to copy another student's notes
- Provide a peer note taker (carbon paper)
- Use computer assisted instruction
- Independent study experiences
- Cue the student to stay on task
- In service teacher(s) on child handicap
- Write key points of lesson on board

- Check for comprehension of lesson directions
- Provide variety of presentation
- Handouts to emphasize major points
- Peer tutoring/cooperative learning
- Break long presentations into short segments
- Teacher to stand near student when giving directions
- Additional Interventions/ Remediation Strategy(s): \_\_\_\_\_

**Assignments, Worksheets**

- Check comprehension of directions before beginning task
- Write assignments on board or paper for student
- Require fewer correct responses to achieve mastery
- Reduce homework assignments
- Allow typewritten or computer generated assignments
- Reduce the length of the regular assignment
- Break large assignment into series of smaller assignments

- Allow student to tape record assignments/homework
- Mark student's correct answers, not his mistakes
- Arrange for short breaks between assignments
- Allow \_\_\_\_\_ days - more time for regular assignments
- Additional Interventions/  Remediation Strategy(s): \_\_\_\_\_

**Classroom Test Taking**

- Allow open book exams
- Extended time for classroom based tests,
  - Additional minutes as determined by teacher
    - 25%     50%     100%
- Give exam orally

- Read test item to student
- Give frequent short quizzes, not long exams
- Additional Interventions: \_\_\_\_\_

**Standardized Test Taking**

NAME OF TEST	SUBJECT(S) E.G. MATH, READ	MODIFICATION(S)

NAME (Last, First, Middle Initial)	ID NUMBER
------------------------------------	-----------

**Special Considerations/In-service on Student's Disability to Include:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Staff / Teacher / Substitute / Administration | <input type="checkbox"/> Bus Driver/Bus Aide     | <input type="checkbox"/> After Care Staff |
| <input type="checkbox"/> Paraprofessional                              | <input type="checkbox"/> School Resource Officer | <input type="checkbox"/> Other (specify)  |
| <input type="checkbox"/> Cafeteria Staff                               | <input type="checkbox"/> Student's Counselor     |   |

**Management** - The following intervention(s) target only behaviors caused by the disability of record. Behaviors not caused by the disability of record are handled in the same manner as any similarly non-disabled students. A manifestation of disability can be determined only by the same type of team that determines eligibility under Section 504.

- |  |  |
|--|--|
| <input type="checkbox"/> Behavior contract   | <input type="checkbox"/> Award extra privileges for positive behavior        |
| <input type="checkbox"/> Implement time-out procedures when appropriate                          | <input type="checkbox"/> Make consequences or rewards immediate              |
| <input type="checkbox"/> Praise targeted behaviors which are improved                            | <input type="checkbox"/> Allow student time out of seat to run errands, etc. |
| <input type="checkbox"/> Ignore inappropriate behaviors not drastically outside classroom limits | <input type="checkbox"/> Additional Interventions:                           |
| <input type="checkbox"/> Individual Behavior Plan Written (see attached)                         | _____  |
| <input type="checkbox"/> Develop individual behavior management system                           | _____  |

**Home/School Partnership**

- |   |  |
|---|--|
| <input type="checkbox"/> Collaboration between parent/guardian(s) and teacher | <input type="checkbox"/> Additional Interventions: |
| <input type="checkbox"/> Use of daily or weekly school report(s)              | _____  |
| <input type="checkbox"/> Positive feedback to parent/guardian(s)              | _____  |

**Medication/Medical Information**

NAME OF PHYSICIAN	TELEPHONE NUMBER ( ) -	PARENT'S TELEPHONE NUMBER ( ) -
-------------------	---------------------------	------------------------------------

Medications \_\_\_\_\_ Scheduled Treatment  Refer to care plan attached

Administered By : \_\_\_\_\_ Monitored:  Daily  Weekly  As Needed Basis

Comments (Further information on treatment, emergency plan, or see attached care plan)

**Monitoring** - Mid-term progress reports, grade cards, and individual school student progress sheets should be used to monitor the success of the 504 Plan. Place copies of the above in the student's 504 file. If the progress reports, grade cards, etc. indicate that the student is unsuccessful, or there is documentation of an additional disability, or retention is being considered, the parent is notified and the team must review the 504 plan and update with the intent to increase the opportunity for success.

**REVIEW** - All plans are reviewed annually unless checked otherwise.

\_\_\_\_\_ Weeks \_\_\_\_\_ Months  9 Week Marking Periods  Semester

**People Involved in Development of This Plan** (Must be signed by parent/guardian and teachers)

PARENT/GUARDIAN	DATE	TEACHER	DATE	TEACHER	DATE
PARENT/GUARDIAN	DATE	TEACHER	DATE	TEACHER	DATE
504 DESIGNEE	DATE	TEACHER	DATE	TEACHER	DATE
PSYCHOLOGIST	DATE	TEACHER	DATE	COUNSELOR	DATE
STUDENT	DATE	TEACHER	DATE	OTHER	DATE



THE SCHOOL DISTRICT OF PALM BEACH COUNTY  
**School Based Team (SBT)**  
**Initial Referral**

STUDENT NUMBER
DATE OF REFERRAL

Complete referral and submit to the School Based Team Leader.

STUDENT NAME <i>(last, first, middle initial)</i>	DATE OF BIRTH	SEX	GRADE	CURRENT DATE
SCHOOL/DEPARTMENT	SBT LEADER		TELEPHONE	

Name and Title of Person Completing Form \_\_\_\_\_

Student is currently enrolled in the following program: *(check all that apply)*

- Exceptional Student Education (ESE)     504     English Language Learners (ELL)

Reason for Referral *(check all that apply)*

- |  |                                      |                                     |
|--|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Mandatory discipline referral | <input type="checkbox"/> Behavioral  | <input type="checkbox"/> Attendance |
| <input type="checkbox"/> Academic                      | <input type="checkbox"/> Social      | <input type="checkbox"/> Tardy      |
| <input type="checkbox"/> Emotional                     | <input type="checkbox"/> Other _____ |                                     |

Parent/Guardian contacted     Yes    Date contacted \_\_\_\_ / \_\_\_\_ / \_\_\_\_    Method of contact \_\_\_\_\_  
 No *(see next question)*

If "NO" was checked above, document attempts to contact parent:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Detailed explanation of identified issue (define the problem). Include any parent response to teacher concerns:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Prior Actions taken to address the concerns (check all that apply)

- |   |  |  |                                       |                               |
|---|--|--|---------------------------------------|-------------------------------|
| <input type="checkbox"/> Parent Conference      | <input type="checkbox"/> Individual Counseling | <input type="checkbox"/> Behavior Contract           | <input type="checkbox"/> Mediation    | <input type="checkbox"/> None |
| <input type="checkbox"/> BHP Referral           | <input type="checkbox"/> Group Counseling      | <input type="checkbox"/> FACE IT                     | <input type="checkbox"/> Time Out     |                               |
| <input type="checkbox"/> Social Skills Training | <input type="checkbox"/> Agency Referral       | <input type="checkbox"/> Tutoring                    | <input type="checkbox"/> Mentoring    |                               |
| <input type="checkbox"/> Other (list)           | <input type="checkbox"/> Anger Management      | <input type="checkbox"/> Academic Remediation (list) | <input type="checkbox"/> Class Change |                               |

\_\_\_\_\_  
 \_\_\_\_\_

Provide all relevant data (e.g., DIBELS, K-3 Assessment, Oral fluency test, DAR, RRR, classroom assessments, EDW reports, academic or discipline notes or referrals)



THE SCHOOL DISTRICT OF PALM BEACH COUNTY

**DIRECTIONS:** Write in the appropriate code number or letter in the corresponding boxes.

# Student Discipline Referral

STUDENT NAME	STUDENT NUMBER	GRADE	ESE / 504 <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE / /	TIME
LOCATION BK - Bookstore BS - Bus Stop BU - School Bus/Transportation CA - Cafeteria CL - Clinic CS - Regular Classroom GR - School Grounds GY - Gymnasium HA - Hallway IS - Alternative to Suspension Room LA - Laboratory LI - Library/Media Center OF - Office OG - Off School Grounds OT - Other PG - Playground/Track PK - Parking Lot RE - Restroom RT - Returning Home TO - Field Trip/Activity Off Campus TR - To School	REPORTED BY	STAFF ID NUMBER	INTERVENTIONS BY TEACHER BEFORE REFERRAL <input type="checkbox"/> Conference with student <input type="checkbox"/> Telephone call to parent <input type="checkbox"/> Parent Conference <input type="checkbox"/> Conference with counselor <input type="checkbox"/> Letter to parent <input type="checkbox"/> Teacher detention <input type="checkbox"/> De-escalation techniques <input type="checkbox"/> Problem solving techniques <input type="checkbox"/> Mediation <input type="checkbox"/> Other		
DESCRIPTION OF EVENT (Be Specific)		REFERRAL TO SBT <input type="checkbox"/> 1st Offense <input type="checkbox"/> 2nd Offense <input type="checkbox"/> Severe Offense			

<b>ADMINISTRATIVE USE ONLY BELOW THIS LINE</b>			
DISTRICT NUMBER <b>DISTRICT 50</b> If not District 50, provide District number	WHEN EVENT OCCURRED (circle one) 1 - DURING SCHOOL HOURS 2 - Outside school hours, school sponsored activity 3 - Outside school hours, non-school sponsored activity 4 - Unrelated event or unknown	WHERE EVENT OCCURRED (circle one) 1 - SCHOOL GROUNDS / ON CAMPUS 2 - School sponsored activity / off campus 3 - School sponsored transportation (includes bus stops)	RELATED ISSUES (circle all that apply) G - Gang related W - Weapon related A - Alcohol related H - Hate related D - Drug related
SCHOOL NO. HOME SCHOOL If not Home School, provide School Number.	ADMINISTRATOR'S NAME	ADMINISTRATION ID	EVENT NUMBER
WHAT KIND OF WEAPON USED (if appropriate) K - Knife H - Handgun F - Firearm/Explosive device R - Rifle/Shotgun O - Other Weapon U - Unknown	INCIDENT CODES (see code sheets)	DATE / /	
DURATION How many days Begin Date / / Return Date / /	ACTION CODE (see code sheets)	SIGNATURE OF PARENT _____ DATE	
CASE NUMBER/AGENCY	CRT/PCM TEAM INTERVENTION <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>TRESPASSING NOTICE:</b> I, the student, am aware that I may not be on school grounds and may not attend any school functions or school activities on or off school grounds of any Palm Beach County School District facility during the dates of my suspension.	



THE SCHOOL DISTRICT OF PALM BEACH COUNTY  
**Student Progress Monitoring Plan**  
 for Grades 6 through 12

Individual Student Success Plan (F schools only)

State law requires a **Progress Monitoring Plan** when a student is functioning below grade level and is not on track for promotion. The desired level of performance for grades 6-12 for reading, math, and science is level 3; for writing it is a minimum score of 3.5.

STUDENT NAME (last, first, middle initial)		STUDENT ID #
SCHOOL NAME		GRADE
DATE OF BIRTH	ABSENCES	RETENTIONS
TEST SCORES		

READING WRITING MATHEMATICS SCIENCE	<input type="checkbox"/> <b>READING</b> <input type="checkbox"/> SRI <input type="checkbox"/> DAR <input type="checkbox"/> SSS Diagnostic Tests <input type="checkbox"/> Oral Fluency Probe <input type="checkbox"/> Other	<input type="checkbox"/> <b>WRITING</b> <input type="checkbox"/> Palm Beach Writes expository <input type="checkbox"/> Palm Beach Writes persuasive <input type="checkbox"/> Holt Online Essay score <input type="checkbox"/> Other	<input type="checkbox"/> <b>MATHEMATICS</b> <input type="checkbox"/> Diagnostic Tests <input type="checkbox"/> District Common Assessment <input type="checkbox"/> Diagnostic software <input type="checkbox"/> Other	<input type="checkbox"/> <b>SCIENCE</b> <input type="checkbox"/> District Common Assessment <input type="checkbox"/> Other
	<b>Phonemic Awareness</b> <b>Phonics</b> <b>Fluency</b> <b>Vocabulary</b> <b>Text Comprehension</b> <input type="checkbox"/> Words and phrases in context <input type="checkbox"/> Main idea, plot and author's purpose <input type="checkbox"/> Comparisons and cause/effect <input type="checkbox"/> Reference and research	<b>Compositions</b> <input type="checkbox"/> Expository <input type="checkbox"/> Persuasive <b>Types of Writing</b> <input type="checkbox"/> Sentence writing <input type="checkbox"/> Paragraph writing <input type="checkbox"/> Composition writing <b>Applications of Writing Elements</b> <input type="checkbox"/> Focus <input type="checkbox"/> Organization <input type="checkbox"/> Support <input type="checkbox"/> Conventions	<b>Number Sense, Concepts and Operations</b> <b>Measurement</b> <b>Geometry &amp; Spatial Sense</b> <b>Algebraic Thinking</b> <b>Data Analysis &amp; Probability</b>	<b>Physical &amp; Chemical</b> <b>Earth and Space</b> <b>Life &amp; Environment</b> <b>Scientific Thinking</b>
	<input type="checkbox"/> Vocabulary development activities <input type="checkbox"/> Teacher read/think aloud <input type="checkbox"/> Shared reading <input type="checkbox"/> Guided reading <input type="checkbox"/> Reader's theater/fluency activities <input type="checkbox"/> Concept maps / graphic organizers <input type="checkbox"/> Reciprocal teaching <input type="checkbox"/> Text connections - personal / world <input type="checkbox"/> Skills development <input type="checkbox"/> Other	<input type="checkbox"/> Teach the six traits <input type="checkbox"/> Use/rewrite FCAT scoring rubric <input type="checkbox"/> Model reading/ writing process <input type="checkbox"/> Practice with transitional phrases <input type="checkbox"/> Enrich vocabulary <input type="checkbox"/> Publish writing <input type="checkbox"/> Writer's workshop <input type="checkbox"/> Teach organizational patterns <input type="checkbox"/> Other	<input type="checkbox"/> Hands-on activities <input type="checkbox"/> Real world applications <input type="checkbox"/> Technology <input type="checkbox"/> Critical thinking opportunities <input type="checkbox"/> Test taking strategies <input type="checkbox"/> Graphic organizers <input type="checkbox"/> Other	<input type="checkbox"/> Advanced organizers <input type="checkbox"/> Graphic organizers <input type="checkbox"/> Summary notes <input type="checkbox"/> Main idea organizer <input type="checkbox"/> Interactive notebooks <input type="checkbox"/> Hands-on activities <input type="checkbox"/> Test taking strategies <input type="checkbox"/> Drawing or illustrating
	<b>Instructional Alternatives</b> <input type="checkbox"/> Flexible skills groups <input type="checkbox"/> Cooperative learning groups <input type="checkbox"/> Modeled/guided reading <input type="checkbox"/> Technology <input type="checkbox"/> Rotational model <input type="checkbox"/> Intensive reading <input type="checkbox"/> Other	<input type="checkbox"/> Flexible skills groups <input type="checkbox"/> Cooperative learning groups <input type="checkbox"/> Technology <input type="checkbox"/> Other	<input type="checkbox"/> Flexible skills groups <input type="checkbox"/> Cooperative learning groups <input type="checkbox"/> Technology <input type="checkbox"/> Intensive mathematics <input type="checkbox"/> Other	<input type="checkbox"/> Flexible skills groups <input type="checkbox"/> Cooperative learning groups <input type="checkbox"/> Technology <input type="checkbox"/> Project based learning <input type="checkbox"/> Other

<b>Referrals</b>	Reading	Writing	Math	Science	<b>Assignment Modifications</b>	Reading	Writing	Math	Science	<b>Assignment Modifications</b>	Reading	Writing	Math	Science
Child Study Team (CST)					Time					Product Requirements				
School Based Team (SBT)					Quantity					Tutoring				

**Frequent Monitoring** - State law requires that schools provide for frequent monitoring of the student's progress in meeting the desired level of performance.

Reading	
Writing	
Math	
Science	

**End-of-Year Review**

Enter symbol in box:

<input type="checkbox"/> S = Successfully remediated	<input type="checkbox"/> Reading
<input type="checkbox"/> R = Requires PMP next school year	<input type="checkbox"/> Writing
<input type="checkbox"/> SS = Special services/placement	<input type="checkbox"/> Mathematics
<input type="checkbox"/> O = Other (see attached)	<input type="checkbox"/> Science

**Parent/Guardian Commitment/Contribution** Check all that apply.

<input type="checkbox"/> Monitor Attendance / Tardies	<input type="checkbox"/> Reinforce Skills
<input type="checkbox"/> Encourage Reading at Home	<input type="checkbox"/> Sign Daily/Weekly Notes
<input type="checkbox"/> Attend Parent Conferences	<input type="checkbox"/> Attend Parent Curriculum/ information Meetings
<input type="checkbox"/> Check Homework	

SIGNATURE OF PARENT / GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF PRINCIPAL \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF TEACHER \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF TEACHER \_\_\_\_\_ DATE \_\_\_\_\_



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

# Student Exit Report

- |   |  |
|---|--|
| <input type="checkbox"/> Juvenile Justice Program | <input type="checkbox"/> Academic Intervention |
| <input type="checkbox"/> Teenage Parent Program   | <input type="checkbox"/> Behavior Intervention |
| <input type="checkbox"/> Therapeutic Program      | <input type="checkbox"/> Outside Agency        |

Name (last, first, middle initial)		Student Number	Grade Level	Meeting Date
Current Dropout Prevention/Alternative Education Site and Location #			Home School	

Plan Type	PMP	IEP	BIP	504	Test Measure	Pretest	Post test
Date of Current Plan (if any)					SRI Lexile		
Reason for Exit Staffing (check one)					STAR Math Scale Score		
<input type="checkbox"/> Completed Program		<input type="checkbox"/> Staff Request		<input type="checkbox"/> Expulsion or IAES Expired			
<input type="checkbox"/> Transfer		<input type="checkbox"/> Student or Parent Request		<input type="checkbox"/> Other			

### HOME SCHOOL CONTACT INFORMATION

Person Contacted	Position	Telephone
By Whom (Contact)	Position	Telephone
Type of Contact (check all that apply and note date)		
<input type="checkbox"/> Pony _____ <input type="checkbox"/> U.S. Mail _____ <input type="checkbox"/> Phone _____		
Response		

### PARTICIPANTS

Parent/Guardian	Teacher	Area AE ESE Resource Teacher
Parent/Guardian	ESE Teacher	Other Participant
*DOP/AE Contact	Student	Other Participant
Counselor	Home School Contact	Other Participant
**ESE Contact	Area Placement Liaison	* Attendance required ** Attendance required if student has IEP

Considerations (check all that apply)

Report Cards
  Portfolio
  Attendance
  Behavior Plan
  Other Interventions (specify) \_\_\_\_\_

Discussion Notes

Student Support Plan (PBS2007) is attached

### EXIT RECOMMENDATIONS

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Return to Home School          | <input type="checkbox"/> Provide information on outside agency | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Refer to Academic Intervention | <input type="checkbox"/> Place in Behavior Intervention        |  |

Parent notification (if not present): By Whom	Method	Date
---	--------	------



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

### Academic Intervention Regular Education Referral Procedures Checklist

The Area Alternative Education (AE) Placement Liaison and 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 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 Director's signature. DOP/AE notifies the Area Superintendent of student eligibility status and Referral Packet completion. The Area office notifies the sending and receiving schools of the approved placement request and forwards a copy of the Referral Packet to the receiving school.

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)/ Child Study Team (CST) meeting and invites the following

- |   |  |
|---|--|
| <input type="checkbox"/> 1. Alternative Education Area Placement Liaison (attendance required)  | <input type="checkbox"/> 4. Student                                |
| <input type="checkbox"/> 2. DOP/AE Contact from desired Academic Intervention program or school | <input type="checkbox"/> 5. Guidance counselor                     |
| <input type="checkbox"/> 3. Custodial parent/guardian (proof of notification received)          | <input type="checkbox"/> 6. School administrator                   |
|   | <input type="checkbox"/> 7. 504 building designee (if appropriate) |
|   | <input type="checkbox"/> 8. ELL representative (if appropriate)    |
|   | <input type="checkbox"/> 9. Translator (if appropriate)            |

B) Current school principal's designee collects documentation of all the following that apply

- |  |   |
|--|---|
| <input type="checkbox"/> 1. Lack of academic success as evidenced by:                                      | <input type="checkbox"/> 4. Poor socialization skills (non-disruptive behavior that does not result in chronic or serious rule infractions)                               |
| <input type="checkbox"/> a. Low test scores  | <input type="checkbox"/> 5. Parent/student request [may be documented on Conference/Staffing report (PBSD 1051) or Conference/Staffing Record Continuation (PBSD 1051A) ] |
| <input type="checkbox"/> b. Retention  | <input type="checkbox"/> 6. Update the A 23 screen with a "Y" to indicate that the Dropout Prevention is in progress  |
| <input type="checkbox"/> c. Failing grades   | <input type="checkbox"/> 7. TERMS screens A03, A05, A06, A07, A08, A10, A12, A13, A14, A15, A17, A21, A23 and A24   |
| <input type="checkbox"/> d. Progress Monitoring Plan (PMP) (PBSD 1739 or PBSD 1687) (if applicable)        | <input type="checkbox"/> 8. 504 Accommodations Plan (PBSD 1595 - MS/HS) (if appropriate)  |
| <input type="checkbox"/> e. Low grade point average  | <input type="checkbox"/> 9. Teenage Parent Program only: documentation of pregnancy or birth  |
| <input type="checkbox"/> f. Falling behind in earning credits and/or                                       |   |
| <input type="checkbox"/> g. Below state or district proficiency levels in reading, mathematics, or writing |   |
| <input type="checkbox"/> 2. SRI Student Progress Report  |   |
| <input type="checkbox"/> 3. Pattern of excessive absenteeism or identification as an habitual truant       |   |

**Academic Intervention Regular Education Referral Procedures Checklist**

Student Name	Student ID #
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- C) If the SBT/CST recommends placement in an Academic Intervention or school, the principal's designee and Area Alternative Education Placement Liaison coordinate the following completed items to be included with the Referral Packet
- 1. Completed and signed Eligibility/Consent for Placement in a Dropout Prevention/Alternative Education Program (PBSD 1546) (custodial parent/guardian signature required)
  - 2. All documentation for item (B) of this checklist
  - 3. All Conference Records (PBSD 1051/1051A) pertaining to this DOP/AE referral
  - 4. 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 math and/or any student whose A08 screen indicates the need for an PMP)
  - 5. Updated 504 Accommodations Plan (PBSD 1595 - MS/HS) (if appropriate)
  - 6. TERMS A06 Screen, initialed and dated by school nurse verifying immunization compliance

D) Indicate which site/program the team is recommending  
**NOTE: Sending school is responsible for arranging transportation.**

<u>Middle School</u>	<u>High School</u>	<u>Parental or Outside Agency Placement</u>	<u>Teen Parent Program</u>
<input type="checkbox"/> Gold Coast (grades 6-9)	<input type="checkbox"/> Educational Resource Center (grades 10-12)	<input type="checkbox"/> PACE	<input type="checkbox"/> Gold Coast
<input type="checkbox"/> Delray Full Service Center (grades 6-9)	<input type="checkbox"/> Lake Shore Annex (grades 9-12)	Successful interview required before admission to above programs.	<input type="checkbox"/> Lake Shore Annex
<input type="checkbox"/> Lake Shore Annex (grades 6-9)	<input type="checkbox"/> Roosevelt Full Service Ctr, (grades 9-12)		<input type="checkbox"/> Gateway High School
	<input type="checkbox"/> Gateway High School (grades 9-12)		<input type="checkbox"/> Delray Full Service Center
			<input type="checkbox"/> Roosevelt Full Service Center

E) 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; (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
<p><b>Forwarded to Dropout Prevention/Alternative Education</b></p> <p><input type="checkbox"/> By Pony</p> <p><input type="checkbox"/> Hand-delivered</p>	Date

**DROPOUT PREVENTION/ALTERNATIVE EDUCATION USE ONLY**



THE SCHOOL DISTRICT OF PALM BEACH COUNTY  
**504 Modification Plan Middle/High School**

**Medical (Nurse Care Plan Attached)**  **Psychological**

UPDATED  
 / /

NAME: (Last, First, Middle Initial)		ID NUMBER	BIRTHDATE / /	TODAY'S DATE / /
SCHOOL		GRADE	PARENT/GUARDIAN(S) NAME	

504 Documented Disability(s) (ADD, Asthma, etc. ) \_\_\_\_\_

Section 504 students are responsible for meeting pupil progression standards including any quarterly and/or semester exams. The individual student's Section 504 plan documents any needed instructional modifications required to ensure that the student has an equal opportunity to meet those pupil progression standards.

LEGEND: M = Math E/L = English/Language S = Science SS = Social Science PE = Physical Education

M EL S SS PE INSTRUCTIONS: Check only those interventions which directly apply to student's needs in EACH subject.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Preferential seating
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Study/peer helper
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Note taking assistance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Additional time for assignments _____ days
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Peer tutoring
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Supplemental materials/equipment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Homework assignment notebook
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Extended time for classroom based tests. <input type="checkbox"/> Additional minutes as determined by teacher <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 100%
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Organizational strategies by teacher
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Progress reports <input type="checkbox"/> Weekly <input type="checkbox"/> Check academic progress via Edline
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Tape recordings - Teacher directed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Home calendar of assignments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Modify homework assignments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Adjust course placement
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. _____

**Standardized Testing**

NAME OF TEST	SUBJECT(S) e.g., math, reading	MODIFICATIONS

**Management** - The following intervention(s) target only behaviors caused by the disability of record. Behaviors not caused by the disability of record are handled in the same manner as any similarly non-disabled students. A manifestation of disability can be determined only by the same type of team that determines eligibility under Section 504.

- Individual Behavior Plan Written (see attached)
- Pair students with positive peer role model
- Praise targeted behaviors which are improved
- Award extra privileges for positive behavior
- Ignore inappropriate behaviors not drastically outside classroom limits
- Allow student time out of seat to run errands, etc.
- Arrange for short breaks between assignments
- Cue the student to stay on task
- Additional Interventions: \_\_\_\_\_

**Modification Plan Middle/Senior  
High School continued**

NAME: (Last, First, Middle Initial)	ID NUMBER
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**Special Considerations/In-service on Student's Disability to Include:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Staff / Teacher / Substitute / Administration | <input type="checkbox"/> Bus Driver/Bus Aide     | <input type="checkbox"/> After Care Staff |
| <input type="checkbox"/> Paraprofessional                              | <input type="checkbox"/> School Resource Officer | <input type="checkbox"/> Other (specify)  |
| <input type="checkbox"/> Cafeteria Staff                               | <input type="checkbox"/> Student's Counselor     |   |

**Other Interventions Strategie(s)**

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**Medication/Medical Information:**

NAME OF PHYSICIAN:	TELEPHONE NUMBER ( ) -	PARENT'S TELEPHONE NUMBER ( ) -
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Medications: \_\_\_\_\_ Scheduled Treatment:  Refer to care plan attached

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Administered By : \_\_\_\_\_ Monitored:  Daily  Weekly  As Needed Basis

Comments (Further information on treatment, emergency plan, or see attached care plan)

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**Monitoring** - Mid-term progress reports, grade cards, and individual school student progress sheets should be used to monitor the success of the 504 Plan. Place copies of the above in the student's 504 file. If the progress reports, grade cards, etc. indicate that the student is unsuccessful, or there is documentation of an additional disability, or retention is being considered, the parent is notified and the team must review the 504 plan and update to with the intent to increase the opportunity for success.

**REVIEW** - All plans are reviewed annually unless otherwise specified below.

\_\_\_\_\_ Weeks \_\_\_\_\_ Months  9 Week Marking Periods  Semester

**People Involved in Development of This Plan (Must be signed by parent/guardian and teachers)**

_____ PARENT/GUARDIAN	_____ DATE	_____ TEACHER	_____ DATE	_____ TEACHER	_____ DATE
_____ PARENT/GUARDIAN	_____ DATE	_____ TEACHER	_____ DATE	_____ TEACHER	_____ DATE
_____ 504 DESIGNEE	_____ DATE	_____ TEACHER	_____ DATE	_____ TEACHER	_____ DATE
_____ PSYCHOLOGIST	_____ DATE	_____ TEACHER	_____ DATE	_____ COUNSELOR	_____ DATE



THE SCHOOL DISTRICT OF PALM BEACH COUNTY  
DEPARTMENT OF EXCEPTIONAL STUDENT EDUCATION (ESE)

# Manifestation Determination

Student Name (last, first, Middle Initial)	Date of Birth	Sex	Student Number
School		Grade	Current Date

Number of cumulative suspension days to date this school year \_\_\_\_\_

### Individual Educational Plan (IEP) team members and other qualified personnel conducting the review

Parent \_\_\_\_\_ Evaluation Specialist \_\_\_\_\_  
 LEA Representative \_\_\_\_\_ Other \_\_\_\_\_  
 ESE Teacher \_\_\_\_\_ Other \_\_\_\_\_  
 Regular Education Teacher \_\_\_\_\_ Other \_\_\_\_\_

### The following have been reviewed

- Infraction for which suspension has been recommended
- Observations
- Student account of incident
- Witness(es) account of incident
- Parental information
- Evaluation and diagnostic results
- Discipline
- Confidential file
- Current IEP
- Other relevant information \_\_\_\_\_

**In accordance with State Board Rule 6A-6.03312, the following have been considered**

1) The behavior in question was caused by or had a direct and substantial relationship to the child's disability.  Yes  No

2) The behavior in question was the direct result of the school district's failure to implement/develop an appropriate IEP and/or BIP?  Yes  No

### IEP TEAM DECISION

- The IEP team determined that both of the questions #1 and #2 (above) were answered "No". The behavior is considered **NOT A MANIFESTATION** of the student's disability. However, educational services must be provided to enable the student to continue to progress in the general curriculum, although in another setting, and to continue to receive those services and accommodations that will enable the student to achieve the goals in the current IEP.
- If the IEP team determined that **either** question #1 or #2 (above) was answered "Yes". The behavior **MUST** be considered a **MANIFESTATION** of the student's disability and a suspension/exclusion may not occur.

If the parent(s)/guardian(s) disagree with the determination that the behavior was not a manifestation of the disability or disagree with the placement decision, the parent(s) may request and receive an expedited due process hearing. The parent must have these rights explained to them. The school should contact Legal Services to arrange for the expedited hearing. **A Discipline Report of Exceptional Student Education Students (PBSD 0266) must be completed in addition to this Manifestation Determination form.**





STUDENT NUMBER
----------------

### Discipline Report of Exceptional Student Education Students

I. STUDENT NAME <i>(last, first, middle initial)</i>	DATE OF BIRTH	SEX
	SCHOOL	GRADE

ESE Program(s) \_\_\_\_\_

Reason for recommended action \_\_\_\_\_

Action recommended by Principal/Designee \_\_\_\_\_

**II. Findings of the Committee**

- The student's conduct **WAS** a manifestation\* of the handicap. *(If checked, see III)*
- The student's conduct **WAS NOT** a manifestation\* of the handicap. *(If checked, see IV)*

**\*NOTE** (1) Manifestation means a perceptible, outward or visible expression of the handicap.  
(2) This is not the same as inquiring whether the student knew of difference between right and wrong.

**III. If the student's conduct WAS a manifestation of the handicap, suspension is not an appropriate option. The IEP Team should develop appropriate strategies at this time, designed to increase programmatic options.**

Alternative strategies include, **but are not limited to:** *(Check appropriate strategies for this student)*

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Increase time in an ESE program                 | <input type="checkbox"/> Weekend detention    | <input type="checkbox"/> Alternative placement   |
| <input type="checkbox"/> Additional related services                     | <input type="checkbox"/> Lunch detention      | <input type="checkbox"/> After-school detention  |
| <input type="checkbox"/> Individualized behavior management system       | <input type="checkbox"/> Designated duty time | <input type="checkbox"/> Before-school detention |
| <input type="checkbox"/> Curricula emphasis on social/behavioral change  | <input type="checkbox"/> Change in placement  | <input type="checkbox"/> Social skills training  |
| <input type="checkbox"/> School-wide incentive program for attendance    | <input type="checkbox"/> Class wide incentive | <input type="checkbox"/> Further evaluation      |
| <input type="checkbox"/> Suspension from organized sport/club activities | <input type="checkbox"/> Guidance services    |  |

The IEP should reflect the committee's recommended strategies relating to the elimination or reduction of the student's inappropriate behavior and strategies for managing the student's behavior.

**IV. If the student's conduct WAS NOT a manifestation of the handicap, the committee must document this finding in the student's cumulative file. The principal may proceed to impose and/or recommend to the Superintendent the appropriate discipline. For 30 day suspensions and Exceptional Student Education exclusion, the Department of Guidance Services shall be involved, as in non-Exceptional Student Education disciplinary proceedings.**

During any period of suspension or Exceptional Student Education exclusion of 10 days or greater, the student shall continue to receive educational services. **Document the committee's recommendations as to how the educational services will be provided and by whom:**

\_\_\_\_\_

**V. Committee member's recommendation**

_____ PARENT	_____ DATE	_____ EVALUATION SPECIALIST	_____ DATE
_____ LEA REPRESENTATIVE	_____ DATE	_____ OTHER	_____ DATE
_____ ESE TEACHER	_____ DATE	_____ OTHER	_____ DATE
_____ TEACHER	_____ DATE	_____ OTHER	_____ DATE
_____ TEACHER	_____ DATE	_____ OTHER	_____ DATE

A copy of Procedural Safeguards was given to the parent(s) and a full explanation of their rights was offered.  Yes  No

Date   /  /  

Custodial Parent/Guardian of:

Dear Custodial Parent/Guardian:

I regret to inform you that on   /  /   your son/daughter/ward was notified that a suspension was being considered based on the following incident(s):

Florida Statute § 1003.01(5), provides that a school principal may suspend a student from school.

In accordance with Florida Statute § 1003.01(5), a meeting was held in my office on   /  /   which your son/daughter/ward had the opportunity to explain why the suspension should not be imposed.

On the basis of the evidence available, I am hereby suspending your son/daughter/ward from school attendance for a period of    days effective   /  /   through   /  /  .

In accordance with Florida Statute § 1003.01(5), your son/daughter/ward is remanded to your custody with specific homework assignments to complete during the suspension. Please contact my office to obtain these assignments.

Please be advised that Florida Statute § 984.13(1)(b), allows a law enforcement officer to take your son/daughter/ward into custody when the student is suspended and is not in the presence of a parent/guardian.

Your son/daughter/ward will be in violation of this suspension if he/she is on any public school premises and all other school-sponsored activities without prior permission from the principal/designee.

It is most important that you contact the principal/designee prior to your son/daughter/ward returning to school.

Sincerely,

SCHOOL NUMBER	STUDENT NUMBER	GRADE	RACE	SUSPENSION DATE	DAYS	ESE	504E	ELL



## Academic Interventions Exceptional Student Education (ESE) Referral Procedures Checklist

The Area Alternative Education (AE) ESE Resource Teacher 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 Resource Teacher then sends the original of this completed checklist and the completed Referral Packet to the Department of Dropout Prevention/Alternate Education for review and Director's signature. DOP/AE notifies the Area Superintendent of student eligibility status and Referral Packet completion. The Area office notifies the sending and receiving schools of the placement and forwards a copy of the packet to the receiving school.

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) ESE Contact at current school schedules **Individual Education Plan (IEP) Team meeting** and sends **Parent Participation Notification (PBSD 0298)** of meeting indicating that the purpose is to review the current IEP and to consider placement in a DOP/AE Academic Intervention Program.

MUST ATTEND
<input type="checkbox"/> 1. Local Education Agency representative
<input type="checkbox"/> 2. Area Alternative Education ESE Resource Teacher
<input type="checkbox"/> 3. ESE teacher
<input type="checkbox"/> 4. General education teacher
<input type="checkbox"/> 5. Evaluation specialist
<input type="checkbox"/> 6. DOP/AE Contact (PACE only, if applicable)

MUST BE INVITED
<input type="checkbox"/> 7. Custodial parent/guardian
<input type="checkbox"/> 8. Student (if turning 14 years old during term of IEP or if otherwise appropriate)
<input type="checkbox"/> 9. School administrator
<input type="checkbox"/> 10. DOP/AE Contact from alternative education site
<input type="checkbox"/> 11. Outside agency representative (if appropriate)
<input type="checkbox"/> 12. Representative of other agencies who 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"/> 13. Translator (if appropriate)
<input type="checkbox"/> 14. ELL Contact (if appropriate)
<input type="checkbox"/> 15. Sch. District ESE Resource Teacher for PACE (if applicable)
<input type="checkbox"/> 16. SBT Case Liaison

- B) At the meeting, the IEP Team

- 1. Reviews current IEP, current academic performance levels, and documents progress of mastery towards IEP goals and objectives to date
- 2. Reviews Progress Monitoring Plan (PMP) (PBSD 1739 grades K-5 or PBSD 1687 grade 6-12) (if appropriate)
- 3. Reviews SRI Student Progress Report (if appropriate)
- 4. Reviews current TERMS screens A03, A05, A06, A07, A08, A10, A12, A13, A14, A15, A17, A21, A23, A24
- 5. Determines whether student meets profile for requested program
- 6. Decides on appropriate learning environment/placement for student
- 7. Determines whether IEP can be implemented at student's requested program
- 8. Writes new or updates current IEP based upon progress and other information gathered
- 9. Reviews existing ESE Matrix form (PBSD 2000) and revises (if appropriate)

**NOTE: An ESE student may not be unilaterally moved to a DOP/AE site. A decision to recommend a DOP/AE placement must be made by consensus of the IEP team.**

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

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

C) Current school ESE Contact and Area ESE/Alternative Education Resource Teacher coordinate the following completed items to be included in the Referral Packet.

- |   |  |
|---|--|
| <input type="checkbox"/> 1. All documentation for item (B) of this checklist  | <input type="checkbox"/> 8. Most recent psycho-educational evaluation (PBSD 0297) including copy of parent/guardian consent. |
| <input type="checkbox"/> 2. DOP/AE Eligibility/Consent for Placement (PBSD 1546)  | <input type="checkbox"/> 9. Updated A23 screen reflecting  |
| <input type="checkbox"/> 3. All Conference Records (PBSD 1051/1051A) pertaining to this referral  | <input type="checkbox"/> new re-evaluation due date if evaluation was done   |
| <input type="checkbox"/> 4. Parent Participation Notification form (PBSD 0298)  | <input type="checkbox"/> revised ESE Matrix (PBSD 2000) if appropriate)  |
| <input type="checkbox"/> 5. New or updated IEP (PBSD 0659)  | <input type="checkbox"/> DOP/AE Placement in Progress  |
| <input type="checkbox"/> 6. Prior Written Notice (Change of Placement/FAPE) (PBSD 1723)   | <input type="checkbox"/> 10. Updated PMP (PBSD 1739 or PBSD 1687) (if appropriate)   |
| <input type="checkbox"/> 7. Most recent ESE Student Reevaluation (PBSD 1366) including copy of Parent Consent for Individual Student Reevaluation (PBSD 0939) | <input type="checkbox"/> 11. Teenage Parent Program only: Documentation of pregnancy or birth                                |
|   | <input type="checkbox"/> 12. TERMS A06 Screen, initialed and dated by school nurse verifying immunization compliance         |

D) Indicate which site/program the IEP Team is recommending

**NOTE: The sending school is responsible for arranging transportation**

**Academic Interventions for Middle School**

- Gold Coast (grades 6-9)
- Delray Full Service Center (grades 6-9)
- Lake Shore Annex (grades 6-9)

**Academic Interventions for High School**

- Educational Resource Center (grades 10-12)
- Lake Shore Annex (grades 9-12)
- Roosevelt Full Service Center (grades 9-12)
- Gateway High School (grades 9-12)

**Diploma Option**

- Regular Diploma
- Special Diploma
  - Option 1
  - Option 2
- Parental/Outside Agency for Mid. and High School**
- PACE Successful interview required before admission to above programs.

**Teen Parent Program**

- Gold Coast
- Lake Shore Annex
- Gateway High School
- Delray Full Service Center
- Roosevelt Full Service Center

E) 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; (3) the referred student meets immunization requirements.

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of DOP/AE, ESE (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**

## **Parent Participation Notification and Student Profile Information Directions for Completion**

1. **Demographics:** Complete section with all current student information.
2. **Purpose of meeting:** Use the drop down menu to select up to three purposes for a scheduled meeting. If more than three purposes will be address you may type additional information on the lines.
3. **Meeting location/date/time:** Fill in place meeting will occur, the date the meeting is scheduled for and the time the meeting will begin. You may also indicate a range of time for the meeting, i.e. 9:30 am - 11:00 am.
4. **Invited to participate:** List the name and title of the persons/agencies invited by the school to attend. Persons/agencies invited by the parent are not listed in this section. Designate an outside agency invited by the school with an asterisk (\*). At age 16 and older an agency representative must be invited.
  - a. You have to right to bring to the meeting . . . : Parents may fill in the names, titles, agencies of persons they are bringing to the meeting with them.
  - b. Parents answer yes (or no) to indicate consent (or not) for the agencies listed to participate in meeting.
5. **IEP Member Exemption Section** (this section should be used in consultation with your ESE Area Coordinator or Designee)
  - a. On the lines provided after first check-box fill in who you would like to consider excusing; and/or
  - b. On the lines provided after the second check-box fill in who you would like to provide written input in lieu of attending the meeting.
6. **Parental Attendance:** Check one of the following: Parents should indicate their preference in this area. They may indicate they plan to participate via phone.
7. **Parent Signature** Parent should sign and date and provide contact information
8. **School and Area Designee**, including telephone numbers where they can be reached
9. **Page 2 - All parents should be provided the student profile questions on page 2.** Page 2 is to be provided to the parent in preparation for scheduled meetings.
10. **Document all contact attempts** on the lines provided. If additional space is needed to document repeated attempts you may attach attempts on a separate sheet of paper.

Attach PBSB 2239, for parents to acknowledge receipt of procedural safe guards at the minimum in the following situations:

- upon initial referral or request for an evaluation
- upon the school district's refusal to conduct an initial evaluation that have requested
- upon each notice of a meeting of the individual educational plan (IEP) team for a child
- upon request for consent to a reevaluation of your child
- upon receipt of the first State complaint in a school year
- upon the school district's receipt of a request for a due process hearing
- when a decision is made to take disciplinary action that constitutes a change of placement
- upon a parent's request to receive a copy



THE SCHOOL DISTRICT OF PALM BEACH COUNTY  
EXCEPTIONAL STUDENT EDUCATION (ESE)

Current Date	Student Number
--------------	----------------

**Parent Participation Notification**

This notification invites you to attend a meeting regarding the educational program for your child.

Student Name (last, first, middle initial)	Date of Birth	Gender	Grade	School
--	---------------	--------	-------	--------

**Purpose of meeting:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Meeting location/date/time:** \_\_\_\_\_

The following people have been invited to participate in this meeting. When school to post-school transition services are being considered, your child will be invited. Indicate outside agencies with an asterisk (\*)

Name/Title	Name/Title
_____	_____
_____	_____
_____	_____
_____	_____

You have the right to bring to the meeting, individuals who have knowledge or special expertise regarding your child. Name of other attending (optional) \_\_\_\_\_

\*I give permission and hereby consent for agency(ies) listed above to be invited and participate in this meeting.  Yes  No

Check one of the following options and sign below  This section is not applicable

**IEP Member Attendance Exemption** As a parent of a child with a disability, you may agree to exempt a child study team member from attending your child's IEP (Individual Educational Plan) meeting if the member's service is not required. You may also choose to allow written input from a member in lieu of attendance.

- I agree to excuse: \_\_\_\_\_ as member(s) of this IEP team meeting because the member(s)' area of curriculum or related service is not being modified or discussed in this meeting
- I agree to excuse: \_\_\_\_\_ as member(s) of this IEP team meeting because written input in the member(s)' area is attached in lieu of his/her attendance.

Check one of the following options, sign below and return both pages to the School Center Designee:

- I will attend the meeting on the date and time shown above in  person  or by telephone. If indicated above you will attend meeting by phone, provide telephone #: \_\_\_\_\_
- I would like to attend, but need to reschedule for the possible following date/time: \_\_\_\_\_
- I am unable to attend, but give my permission for the meeting to take place without me (see page 2).

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_  
 E-mail \_\_\_\_\_

Parent/Guardian Telephone Numbers:
(home) _____
(work/cell) _____

If you have any questions regarding these recommendations, contact one of the designers below. To reschedule the meeting call the School Center Designee.

School Center Designee	Telephone	Area ESE Designee	Telephone

Your child may be eligible to participate in the John M. McKay Scholarship Program for Students with Disabilities. This is a parental choice program offering both private and public school choice options. For additional information you may visit the Florida Department of Education website at [www.floridaschoolchoice.org](http://www.floridaschoolchoice.org) or call 1-800-447-1636. You may also contact the local McKay Contact person at (561) 434-8624 or visit the District ESE website at [http://www.palmbeach.k12.fl.us/ESE/new\\_mckay.htm](http://www.palmbeach.k12.fl.us/ESE/new_mckay.htm).

**Parent Participation  
Notification continued**

Student Name (last, first, middle initial)	Current Date	Student Number
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The following may be completed by the parent in preparation for the student's meeting.

What are the strength/concerns of the student?

--

What kinds of things would the student like/dislike to do in school?

--

What are some goals that the student needs to work on?

--

What would the student like to do in the future?

--

OFFICE USE ONLY			
CONTACT ATTEMPTS MADE BY	DATE	TYPE	RESULT
CONTACT ATTEMPTS MADE BY	DATE	TYPE	RESULT



# Matrix of Services

For funding under the Florida Education Finance Program

## INSTRUCTIONS

- 1) Check services or supports to be provided by school district to student in Domains A through E.
  - 2) Mark appropriate level (1 through 5) for each domain and record level at bottom of each domain.
  - 3) Check applicable special considerations, if any, and record total special considerations rating.
  - 4) Total the five domain ratings, sum the total of domain ratings and special considerations rating, and record total in box at top of this page.
  - 5) Determine cost factor using cost factor scale on page 2 and record it in box at top of this page.
- (NOTE: For more information, see the *Matrix of Services Handbook*)

STUDENT INFORMATION	
Student Name _____	Student ID _____
Date of Birth _____	Grade _____ Date Completed _____
School _____	
Total Minutes in School Week _____	Total per Week with Non-ESE Peers _____
Names of Persons Completing Matrix	
_____	_____
_____	_____

### Domain A - Curriculum and Learning Environment

Level 1 <input type="checkbox"/>	Requires no services or assistance beyond that which is normally available to all students
Level 2 <input type="checkbox"/>	<ul style="list-style-type: none"> <li>Adaptation to the general curriculum</li> <li>Curriculum compacting</li> <li>Electronic tools (e.g. tape recorders, word processors)</li> <li>Adapted textbooks, materials (e.g., large print, Braille, audio format)</li> <li>Modified assessment procedures / materials</li> <li>Specially prepared notes, materials</li> <li>Referrals to agencies</li> <li>Consultation on a monthly basis with teachers, family, agencies, or others</li> </ul>
Level 3 <input type="checkbox"/>	<ul style="list-style-type: none"> <li>Differentiated curriculum</li> <li>Modifications to curriculum content, process, product</li> <li>Specialized instructional approaches</li> <li>Low-vision aids or use of electronic tools with assistance</li> <li>Alternate textbooks, materials, assessments, or equipment</li> <li>Special assistance in mainstream requiring weekly consultation</li> <li>Assistance for some learning activities</li> <li>Direct, specialized instruction and/or curriculum for some learning activities</li> <li>Collaboration with teachers, family, agencies, or others</li> </ul>
Level 4 <input type="checkbox"/>	<ul style="list-style-type: none"> <li>Extensive creation of special materials</li> <li>Direct, specialized instruction and/or curriculum for majority of learning activities</li> <li>Instruction delivered within the community</li> <li>Assistance for the majority of learning activities (e.g., low pupil-teacher ratio)</li> <li>Use of assistive technology with supervision for majority of learning activities</li> </ul>
Level 5 <input type="checkbox"/>	<ul style="list-style-type: none"> <li>Instruction in reading Braille</li> <li>Intensive curriculum or instructional approach for most learning activities (e.g. supported employment, very small group, or one-to-one assistance)</li> <li>Group instruction at home or hospital (e.g., teleclass)</li> <li>Individual instruction at home or hospital</li> <li>Ongoing, continuous assistance for participation in learning activities</li> </ul>

Total of Ratings \_\_\_\_\_ Cost Factor \_\_\_\_\_

### Matrix Reviews After Interim IEP Meetings

Record interim reviews below if (1) there is no change in services and (2) the matrix is less than three years old.

Review Date _____	Reviewer's Initial _____
Review Date _____	Reviewer's Initial _____
Review Date _____	Reviewer's Initial _____

### Areas of Eligibility

Put a "P" next to the primary exceptionality. Check all others that apply.

DATA ENTRY CODE

Autistic Spectrum Disorder	P
Deaf or Hard of Hearing	H
Developmentally Delayed (Ages 0-5)	T
Dual-Sensory Impaired	O
Emotional/Behavioral Disabilities	J
Established Conditions (Age: 0-2)	U
Gifted	L
Hospital/Homebound	M
Language Impaired	G
Occupational Therapy	D
Orthopedically Impaired	C
Other Health Impaired	V
Physical Therapy	E
Specific Learning Disabled	K
Speech Impaired	F
Traumatic Brain Injured	S
Visually Impaired	I
Intellectual Disability	W

### Domain B - Social/Emotional Behavior

Level 1 <input type="checkbox"/>	Requires no services or assistance beyond that which is normally available to all students
Level 2 <input type="checkbox"/>	<ul style="list-style-type: none"> <li>Consultation on a monthly basis with teachers, family, agencies, or others</li> <li>Specialized training in self-advocacy and understanding of exceptionality</li> <li>Special behavior system in general class</li> <li>Monthly counseling or guidance</li> <li>Monthly assessment of behavior or social skills</li> </ul>
Level 3 <input type="checkbox"/>	<ul style="list-style-type: none"> <li>Small group training in social skills, self-regulatory behavior, self-advocacy, conflict resolution, dealing with authority, and socialization</li> <li>Weekly counseling or guidance</li> <li>Behavior contract, including behavior outside the classroom (e.g., lunch, bus, home)</li> <li>Weekly family counseling, assessment, interventions</li> <li>Referral and follow-up for transitions to and from community-based programs</li> <li>Weekly assessment of behavior as part of special behavior system</li> <li>Collaboration with teachers, family, agencies, or others</li> </ul>
Level 4 <input type="checkbox"/>	<ul style="list-style-type: none"> <li>Highly structured behavior management plan infused throughout the school day</li> <li>Daily counseling or specific instruction on social or emotional behavior (e.g., self-regulatory behavior, self-advocacy, conflict resolution, dealing with authority, socialization)</li> <li>Daily reports to family, agencies, or others</li> </ul>
Level 5 <input type="checkbox"/>	<ul style="list-style-type: none"> <li>Intensive, individualized behavior management plan that requires very small group or one-on-one intervention</li> <li>Therapeutic treatment infused throughout the educational program</li> <li>Wraparound services for up to 24-hour care</li> </ul>



**Domain C - Independent Functioning**

Level 1 <input type="checkbox"/>	<ul style="list-style-type: none"> <li>___ Requires no services or assistance beyond that which is normally available to all students</li> </ul>
Level 2 <input type="checkbox"/> Requires periodic personal assistance, monitoring, and/or minor intervention	<ul style="list-style-type: none"> <li>___ Monthly personal assistance with materials or equipment</li> <li>___ Consultation on a monthly basis with teachers, family, therapists, service coordinator, or others</li> <li>___ Organizational strategies or adaptations for independent functioning</li> <li>___ Special equipment, furniture, strategies, or adaptations for motor control in the classroom</li> </ul>
Level 3 <input type="checkbox"/> Requires weekly personal assistance, monitoring, and/or intervention	<ul style="list-style-type: none"> <li>___ Specially designed organizational strategies or adaptations for independent functioning</li> <li>___ Supervision to ensure physical safety during some activities</li> <li>___ Weekly training in self-monitoring of independent living skills</li> <li>___ Weekly monitoring of, or assistance with, independent living skills, materials, or equipment</li> <li>___ Collaboration with teachers, family, agencies, or others</li> </ul>
Level 4 <input type="checkbox"/> Requires daily personal assistance, monitoring, and/or intervention	<ul style="list-style-type: none"> <li>___ Supervision to ensure physical safety during most activities</li> <li>___ Personal assistance or supervision in activities of daily living, self-care, and self-management for part of the day</li> <li>___ Special equipment/ assistive technology for personal care with frequent assistance</li> <li>___ Regularly scheduled occupational therapy, physical therapy, or orientation and mobility training</li> </ul>
Level 5 <input type="checkbox"/> Requires continuous personal assistance, monitoring, and/or intervention	<ul style="list-style-type: none"> <li>___ Continuous supervision to ensure physical safety</li> <li>___ Personal assistance or supervision in activities of daily living, self-care, and self-management for most or all of the day</li> <li>___ Occupational therapy, physical therapy, or orientation and mobility training more than once a week</li> <li>___ Multiple therapies and services (physical therapy, occupational therapy, or orientation and mobility training)</li> </ul>

Domain C Rating \_\_\_\_\_

Student Name \_\_\_\_\_

**Domain D - Health Care**

Level 1 <input type="checkbox"/>	<ul style="list-style-type: none"> <li>___ Requires no services or assistance beyond that which is normally available to all students</li> </ul>
Level 2 <input type="checkbox"/> Requires periodic personal assistance, monitoring, and/or minor intervention	<ul style="list-style-type: none"> <li>___ Monthly personal health care assistance</li> <li>___ Consultation on a monthly basis with teachers, family, agencies, or others</li> <li>___ Monthly monitoring of health status, procedures, or medication</li> <li>___ Specialized administration of medication</li> <li>___ Monthly assistance with agency referrals / coordination</li> </ul>
Level 3 <input type="checkbox"/> Requires weekly personal assistance, monitoring, and/or intervention	<ul style="list-style-type: none"> <li>___ Weekly monitoring or assessment of health status, procedures, or medication</li> <li>___ Weekly counseling with student or family for related health care needs</li> <li>___ Weekly communication with family, physician, agencies, or other health-related personnel</li> <li>___ Intrusive / specialized administration of medication (e.g., Epi-pen injections, suppositories)</li> <li>___ Collaboration with family, physicians, agencies, or others</li> </ul>
Level 4 <input type="checkbox"/> Requires daily personal assistance, monitoring and/or intervention	<ul style="list-style-type: none"> <li>___ Daily assistance with, or monitoring and assessment of, health status, procedures, or medication</li> <li>___ Daily assistance with, or monitoring of, equipment related to health care needs</li> <li>___ Administration of parenteral medication</li> <li>___ Daily communication with family, physician, agencies, or other health-related personnel</li> </ul>
Level 5 <input type="checkbox"/> Requires continuous personal assistance or monitoring and multiple intervention	<ul style="list-style-type: none"> <li>___ Daily assistance with procedures such as catheterization, suctioning, tube feeding, or other school health services</li> <li>___ Continuous monitoring and assistance related to health care needs</li> </ul>

Domain D Rating \_\_\_\_\_

**Domain E - Communications**

Level 1 <input type="checkbox"/>	<ul style="list-style-type: none"> <li>___ Requires no services or assistance beyond that which is normally available to all students</li> </ul>
Level 2 <input type="checkbox"/> Requires periodic assistance and/or minor interventions	<ul style="list-style-type: none"> <li>___ Monthly assistance with communication</li> <li>___ Occasional assistance with personal amplification or communication system</li> <li>___ Consultation on a monthly basis with teachers, family, agencies or others</li> </ul>
Level 3 <input type="checkbox"/> Requires weekly intervention and/or assistance which may include alternative and augmentative communication systems	<ul style="list-style-type: none"> <li>___ Weekly intervention or assistance with language or communication</li> <li>___ Weekly speech / language therapy or instruction</li> <li>___ Weekly assistance with personal amplification or communication system</li> <li>___ Weekly supervision of augmentative or alternative communication systems</li> <li>___ Collaboration with teachers, family, agencies, or others</li> </ul>
Level 4 <input type="checkbox"/> Requires daily intervention and/or assistance which may include alternative and augmentative communication systems	<ul style="list-style-type: none"> <li>___ Daily assistance and/or instruction with communication equipment (e.g., augmentative or alternative communication systems)</li> <li>___ Daily integrated intervention and assistance related to communication needs</li> <li>___ Instruction in sign language for use as the primary method of communication</li> <li>___ Interpreting services for part of the school day</li> </ul>
Level 5 <input type="checkbox"/> Requires multiple interventions and assistance which may include alternative and augmentative communication systems	<ul style="list-style-type: none"> <li>___ Continuous assistance and/or instruction with communication equipment (e.g., augmentative or alternative communication systems)</li> <li>___ Interpreting services for most or all of the school day</li> <li>___ Multiple, continuous interventions to replace ineffective communication (e.g., selective mutism, echolalia) and establish appropriate communication</li> </ul>

PBSD 2000 (Rev. 1/23/2009) Domain E Rating \_\_\_\_\_

**Special Considerations**

- \_\_\_ Add 13 points for students eligible for the hospital/homebound program who are receiving individual instruction at home or at a hospital
- \_\_\_ Add 13 points for prekindergarten children with disabilities who are being served in the home or hospital on a one-to-one basis
- \_\_\_ Add 3 points for prekindergarten students earning less than .5 FTE during an FTE survey period
- \_\_\_ Add 3 points for students identified as visually impaired or dual sensory impaired
- \_\_\_ Add 1 point for students who have a score of 17 total points and who are rated Level 5 in three of the five domains
- \_\_\_ Add 1 point for students who have a score of 21 total points and who are rated Level 5 in four of the five domains

Special Considerations Rating \_\_\_\_\_

Total of Domain Rating _____		<b>Cost Factor Scale</b>	
Special Considerations Rating _____	Total of Ratings _____	Cost Factor _____	
	6 - 9	=	251
	10 - 13	=	252
	14 - 17	=	253
	18 - 21	=	254
	22 +	=	255



THE SCHOOL DISTRICT OF PALM BEACH COUNTY  
EXCEPTIONAL STUDENT EDUCATION (ESE)  
**Individual Education Plan (IEP)**

<b>MATRIX (mandatory)</b>	STUDENT NUMBER	PAGE NO. <b>1 of</b>
CURRENT DATE	IEP DUE DATE	
STUDENT NAME (last, first, middle initial)	DATE OF BIRTH	SEX
SAC SCHOOL	GRADE	REEVALUATION DATE
CURRENT SCHOOL		

**1. PROCEDURAL SAFEGUARDS**

- SUMMARY OF PROCEDURAL SAFEGUARDS (PBSD 1025)** (in the home language) has been received by and an explanation was given to the parent(s) or guardian(s) of the student. Parent/Guardian initials: \_\_\_\_\_
  - Parent received Summary of Procedural Safeguards and waived rights for explanation. Parent/Guardian initials: \_\_\_\_\_
  - Parent was not in attendance. Copy of Summary of Procedural Safeguards (PBSD 1025) was sent home on: \_\_\_\_\_
- Primary language or mode of communication of parent/guardian if other than English \_\_\_\_\_
- Interpreter/translator provided:  N/A  Yes  No If no, explain \_\_\_\_\_

**2. IEP CONFERENCE(S)** Conference Type (Check all that apply):

- Initial  Annual review  Temporary assignment  Alternative Education consideration  Reevaluation
- Extended School Year (ESY)  Preschool transition  Interim review (date) \_\_\_\_\_

**3. AREAS OF ELIGIBILITY**

\_\_\_\_\_ Primary Exceptionality

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> C. Orthopedically Impaired    | <input type="checkbox"/> I. Visually Impaired             | <input type="checkbox"/> P. Autism Spectrum Disorder           |
| <input type="checkbox"/> D. Occupational Therapy       | <input type="checkbox"/> J. Emotional/Behavioral Disabled | <input type="checkbox"/> S. Traumatic Brain Injured            |
| <input type="checkbox"/> E. Physical Therapy           | <input type="checkbox"/> K. Specific Learning Disabled    | <input type="checkbox"/> T. Developmentally Delayed (age: 0-5) |
| <input type="checkbox"/> F. Speech Impaired F V A      | <input type="checkbox"/> L. Gifted                        | <input type="checkbox"/> V. Other Health Impaired              |
| <input type="checkbox"/> G. Language Impaired (circle) | <input type="checkbox"/> M. Hospital/Homebound            | <input type="checkbox"/> W. Intellectual Disability            |
| <input type="checkbox"/> H. Deaf or Hard of Hearing    | <input type="checkbox"/> O. Dual-Sensory Impaired         |  |

**4. SIGNATURES** The following individuals were in attendance at the IEP meeting and participated in the development of the IEP. Marked (\*) signatures indicate individuals who must be in attendance:

_____ PARENT/GUARDIAN	_____ GENERAL EDUCATION TEACHER *	_____ NAME/TITLE
_____ PARENT	_____ ESOL TEACHER	_____ NAME/TITLE
_____ LEA REPRESENTATIVE *	_____ STUDENT	_____ NAME/TITLE
_____ ESE TEACHER / ESE SERVICE PROVIDER *	_____ NAME/TITLE	_____ NAME/TITLE
_____ EVALUATION SPECIALIST *	_____ NAME/TITLE	_____ NAME/TITLE

**Individual Education Plan (IEP)**

STUDENT NAME (last, first, middle initial)	STUDENT NUMBER	PAGE NO. 2 of
--	----------------	------------------

Complete for the students in 9th grade or turning 16 years of age during the IEP year.

**Responsibilities and/or Linkages for Transition Services:** How were agency representative(s) invited? (check below)

Written (date) \_\_\_\_\_  Phone (date) \_\_\_\_\_  Other \_\_\_\_\_ (date) \_\_\_\_\_

AGENCY REPRESENTED \_\_\_\_\_ RESPONSIBILITIES \_\_\_\_\_ AGENCY REPRESENTATIVE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

If agency representative(s) were not in attendance, describe the method(s) of obtaining input:

District agency follow-up designee \_\_\_\_\_

**5. ENGLISH LANGUAGE LEARNER (ELL)**

Student has Limited English Proficiency.  Yes  No If Yes, student's ELL needs are met through:  
 ESE  ESE/ESOL  Other If other, explain: \_\_\_\_\_

**6. IEP CONSIDERATIONS**

The student's disability affects his/her involvement and progress in the general education curriculum, or for preschool students, participation in appropriate activities, in the following way(s):

Prior to developing IEP goals and objectives, the team has considered:

- Previous Goals and Objectives  Informal Assessments
- Evaluation/Reevaluation Results  Results of Performance on Statewide Assessment(s) (as appropriate):
- Strengths of Student
- Parent Input (concerns, strengths) \_\_\_\_\_

In addition to the previous information, the committee assures that the following have been considered or are not appropriate:

- CONSIDERED N/A
- The assistive technology or equipment needs for the student.
  - The communication and language needs for the student.
  - Positive behavior interventions, strategies, and supports for students whose behavior impedes learning.
  - The need for Braille instruction for students who are blind or visually impaired.
  - For students who are deaf or hard of hearing, opportunities for direct communication in the student's language and communication mode.

**7. OTHER PERTINENT INFORMATION**

**Diploma Option:**  Standard Diploma  Special Diploma (check one option) \_\_\_ Option 1 \_\_\_ Option 2  
 N/A Student not age appropriate.

- YES N/A
- Instruction/Introduction in the area of self determination for student who is or will be 14 years of age
  - Student is or will be 14 years of age or entering 9th grade and was informed of FCAT waiver
  - Medical Information: \_\_\_\_\_
  - Other (e.g., allergies, restrictions): \_\_\_\_\_

**8. TRANSITION STATEMENT**  N/A Student not age appropriate.

- 14-15 years old** or will turn 14 during the current IEP duration. Transition service needs may be addressed through components of the IEP that focus on the student's course of study. Provide a brief description of the student's course of study.  
**Student will take** \_\_\_\_\_ **course of study, leading to** (desired Postschool outcome)

**Individual Education Plan (IEP)**

STUDENT NAME (last, first, middle initial)	STUDENT NUMBER	PAGE NO. 3 of
--	----------------	------------------

- Ninth grade or 16 years old** or will turn 16 during the current IEP duration (complete IEP Transition Plan (PBSD 1779))  
 The following is an outcome statement that describes a direction and vision of the student's post-high school plans from the perspective of the student, parent, and team members.  
 Student will take \_\_\_\_\_ course of study, leading to (desired Postschool outcome)

**Post-School Measurable Goal(s):** The measurable post-secondary goal must address education or training, employment and where appropriate, independent living, be based upon the transition assessment data found in the present level statement and must be intended to occur after the student graduates from school.

Student will \_\_\_\_\_ by \_\_\_\_\_

**Transfer of Rights** Check if the student has been informed of transfer of rights at least one year prior to reaching the age of majority (18). Indicate the date when this occurred.

- Student was informed. Date of notification: \_\_\_\_\_ How was the student notified? \_\_\_\_\_  
 Parent was informed. Date of notification: \_\_\_\_\_ How was the parent notified? \_\_\_\_\_

**9. LONG-TERM GOALS AND SHORT-TERM OBJECTIVES/TRANSITION PLAN**

The committee has determined that, based upon all available information, the attached long-term goals and short-term objectives are necessary to provide an appropriate education. See Long-term Goals and Short-term Objectives (PBSD 0659C) or Transition Plan (PBSD 1779).

**10. SPECIAL EDUCATION SERVICES**

Areas of Instruction (e.g., electives, math, etc.)	Location		Service Provider	Special Education Service	* Frequency/Time (e.g. daily, weekly, monthly/minutes)
	REG.	ESE BOTH			
1.					
2.					
3.					
4.					
5.					
6.					
7.					

**11. ACCOMMODATIONS / PROGRAM MODIFICATIONS / SUPPLEMENTAL AIDS AND SERVICES**

What	How Often	Where	By Whom

**12. RELATED SERVICES**

What	How Often	Where	By Whom

**Assistive Technology**  Yes  Assistive technology is not required at this time.

If yes, explain: \_\_\_\_\_

**Special Transportation** (Check all that apply.)  No special services needed

- (A) Medical equipment (child safety restraint system included)  (B) Medical condition  
 (C) Aide/monitor required  (D) Shortened school day  Other: \_\_\_\_\_

**Physical Education** (Check only the one program that applies.)

- Regular  Adaptive regular  Specially designed physical education  NA (Not required at this time)

**13. SUPPORT NEEDED FOR SCHOOL PERSONNEL**

No Support Services required at this time.

(The IEP team recommends the following training/support be provided to personnel listed below to assist with implementing the student's IEP.)

School Personnel	Needs	Who Is Responsible	Projected Date

**14. STATE OR DISTRICTWIDE ASSESSMENT PARTICIPATION**

Student not grade appropriate

§ 300.160 Participation in assessments. (a) A State must ensure that all children with disabilities are included in all general State and district-wide assessment programs with appropriate accommodations and alternate assessments, if necessary. FAC 6A-1.0943 Statewide Assessment for Students with Disabilities. Students may be excluded from statewide or district assessment programs if the following criteria are met: 1. The student's demonstrated cognitive ability prevents the student from completing required course-work and achieving the Sunshine State Standards as incorporated by reference in Rule 6A-1.09401, F.A.C., even with appropriate and allowable course modifications, and 2. The student requires extensive direct instruction to accomplish the application and transfer of skills and competencies needed for domestic, community living, leisure, and vocational activities.

To facilitate informed and equitable decision making, answer each of the following questions to determine the appropriate assessment. If the IEP team determines that all five of the questions accurately characterize the student's current educational situation, then the Florida Alternate Assessment should be administered. If "yes" is not indicated in all five areas, the student should participate in the Florida Comprehensive Achievement Test (FCAT) with accommodations, as appropriate.

YES NO

- Is the student unable to master the Sunshine State Standards, even with appropriate and allowable course accommodations?
- Is the student's demonstrated cognitive ability the primary reason for the inability to master these standards?
- Is the student participating in modified or functional curriculum based on competencies in the Sunshine State Standards access points for all academic areas?
- Does the student require extensive direct instruction in academic and vocational competencies as well as domestic, community living and leisure activities?
- Does the student have deficits in adaptive behavior, as demonstrated by the inability to function effectively and independently in everyday living skills (interpersonal and social interactions) across a variety of settings?

**Individual Education Plan (IEP)**

STUDENT NAME (last, first, middle initial)	STUDENT NUMBER	PAGE NO. 5 of
--	----------------	------------------

Will the student participate in State and District assessments?

- Yes (standard administration)
- Yes (with accommodations)

Accommodations required for participation in the assessment (if permitted by the test publisher) may include:  
(Any accommodations which are checked must also be implemented in the classroom for the student)

- A. Scheduling \_\_\_\_\_
- B. Responding \_\_\_\_\_
- C. Assistive Devices \_\_\_\_\_
- D. Setting \_\_\_\_\_
- E. Presentation \_\_\_\_\_
- F. Other \_\_\_\_\_

- No (exempt from all portions; complete PBSB 1998)

Why exempt? \_\_\_\_\_

If the student meets exemption criteria the Florida Alternate Assessment will be completed.

**15. EXTENDED SCHOOL YEAR**

Extended School Year program has been considered. Does the student require an ESY program to obtain benefit from his/her educational program?

- Yes  No  Insufficient information available to determine ESY services. If yes, see ESY Interim form.

**16. IEP IMPLEMENTATION**

Person(s) responsible for the implementation of this IEP include:

- Regular Education Teacher(s)
- Psychologist
- Physical Therapy Staff
- ESE Teacher(s)
- Speech/Language Pathologist
- Orientation and Mobility Specialist
- Occupational Therapy Staff
- Guidance Counselor
- Student
- Other(s): \_\_\_\_\_

How will the IEP be made available to the persons implementing it?

- Copy given to all committee members at IEP meeting  Yes  No

If no, how will the IEP be provided? \_\_\_\_\_

All persons responsible were notified of their IEP implementation responsibilities during the IEP committee meeting.

- Yes  No If no, how will the IEP team members be notified? \_\_\_\_\_

Services delineated on the IEP, unless otherwise indicated,

will initiate \_\_\_\_\_ and have an anticipated duration through \_\_\_\_\_ and  
 will initiate \_\_\_\_\_ and have an anticipated duration through \_\_\_\_\_

17. LEAST RESTRICTIVE ENVIRONMENT (LRE)

Considerations: Factors considered in selecting the student's placement and ensuring that it is in the least restrictive environment include parent/committee input, current educational performance levels, goals and objectives, as well as: (Check all that apply)

- Student frustration and stress
- Student self-esteem and worth
- Student requires extensive adaptive equipment
- Student requires extensive direct academic instruction
- Distractibility
- Need for lower pupil-to-teacher ratio
- Student requires extensive instruction in organizational strategies
- Other(s): \_\_\_\_\_
- Mobility access in a large school setting
- Need for increased supervision for safety
- Health and safety concerns requiring adaptive equipment
- Difficulty with emotional control
- Need for social skill development
- Difficulty completing tasks
- Health/medical services required
- Need for communication development

Educational alternatives / placements / accommodations / modifications, previously considered or attempted. The Team must always consider the regular classroom (Check all that apply.)

- Regular Class
- Special School
- Drop out Prevention Program
- Accommodations
- Resource Class
- Hospital/Homebound
- Counseling Services
- Behavioral Interventions
- Special Class
- Title I Program
- Peer Tutoring
- Other: \_\_\_\_\_

Considering the continuum of placement options, the students placement is determined by checking one of the following below. The students IEP goals will be achieved appropriately in:

- Regular Class (0-315 mins. per week)
- Special Class (900+ mins. per week)
- Residential School
- Resource Room (315 - 900 mins. per week)
- Special School
- Hospital/Homebound

Indicate participation in non-academic activities with regular education students: (Check all that apply.)

- Special Areas/Electives
- Clubs
- Lunch
- Field Trips
- Recess
- Community Experience
- Other \_\_\_\_\_

An explanation of the extent, if any, to which the student will not participate with non-disabled students in the regular classroom.

Will the student be educated in the school he or she would attend if non-disabled?  Yes  No

If no, will the student be attending the school closest to his/her home where the IEP can be implemented?  Yes  No

Will the student be removed from the regular education program for more than fifty percent of the school day because this is the least restrictive environment?  Yes  No

18. PRIOR WRITTEN NOTICE

A. Does this IEP include a change of placement or change in the provision of a Free Appropriate Public Education (FAPE) from the previous IEP?  No  Yes

B. Is it anticipated that the senior will graduate at the end of the current school year?  Yes  No

If yes to A and/or B, attach Prior Written Notice (PBSD 1723).

**Individual Education Plan  
(IEP)**

STUDENT NAME (last, first, middle initial)	STUDENT NUMBER	PAGE NO. of
--	----------------	----------------

**19. PARENT(S)/GUARDIAN(S) COMMENTS**

Parent(s)/guardian(s) if present, please initial: \_\_\_\_\_ agreement or \_\_\_\_\_ disagreement.

Comments/Concerns

**IEP NOTES**

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_





THE SCHOOL DISTRICT OF PALM BEACH COUNTY  
DEPARTMENT OF EXCEPTIONAL STUDENT EDUCATION

STUDENT NUMBER
----------------

**Prior Written Notice (Change of Placement/FAPE)**

I. STUDENT NAME (last, first, middle)		DATE OF BIRTH	GRADE	SEX
SCHOOL		CURRENT DATE	INITIATION DATE OF PROPOSED CHANGES	

- II. Your child has been receiving ESE services according to the IEP developed on \_\_\_\_/\_\_\_\_/\_\_\_\_. In order to meet the current educational needs of your child, a change to your child's placement or the provision of a Free Appropriate Public Education (FAPE) is being proposed.
- III. You were invited to participate as a member of the Individual Education Plan (IEP) Team that made this proposal, with the rationale being based upon a review of your child's current IEP as well as a review of the following records:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Evaluation/reevaluation results | <input type="checkbox"/> Discipline reports           | <input type="checkbox"/> Attendance reports    |
| <input type="checkbox"/> State/district-wide assessments | <input type="checkbox"/> Service provider information | <input type="checkbox"/> Classroom performance |
| <input type="checkbox"/> Alternative assessments         | <input type="checkbox"/> Parental information         | <input type="checkbox"/> Agency information    |
| <input type="checkbox"/> Grade reports                   | <input type="checkbox"/> Other _____                  |  |

IV. The following educational options were considered: \_\_\_\_\_

These were rejected for the following reason(s): \_\_\_\_\_

V. If any other factors were relevant to the district's proposal, they included: \_\_\_\_\_

VI. The current (C) and proposed (P) placements are as follows:

<table border="0"> <tr> <td><b>C</b></td> <td><b>P</b></td> <td></td> <td><b>C</b></td> <td><b>P</b></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td rowspan="5" style="text-align: center; vertical-align: middle;"><b>AT</b></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="2">Other _____</td> <td></td> <td colspan="2">Other _____</td> </tr> </table>	<b>C</b>	<b>P</b>		<b>C</b>	<b>P</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>AT</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____			Other _____		<p><b>CESSATION OF SERVICES</b></p> <input type="checkbox"/> Anticipated graduation with standard diploma at end of current school year <input type="checkbox"/> Discontinuation of program/services <input type="checkbox"/> Dismissal from ESE services <input type="checkbox"/> Student will reach age 22 by end of school year
<b>C</b>	<b>P</b>		<b>C</b>	<b>P</b>																												
<input type="checkbox"/>	<input type="checkbox"/>	<b>AT</b>	<input type="checkbox"/>	<input type="checkbox"/>																												
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<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>																												
Other _____			Other _____																													

VII. The proposed change(s) in the provision of FAPE include(s): (use additional sheet if necessary)

**As a parent of a child with a disability, you have rights under federal and state laws. These rights are described in detail for you in the Summary of Procedural Safeguards (PBSD 1025) provided with this document. Please read it carefully. You have the right to have it fully explained to you in your native language or primary mode of communication. If you have any questions regarding these recommendations or the Procedural Safeguards Notice, please contact the school center or Area ESE designee indicated below.**

SCHOOL CENTER ESE DESIGNEE	TELEPHONE NUMBER ( ) -	AREA ESE DESIGNEE	TELEPHONE NUMBER ( ) -
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VIII. Summary of Procedural Safeguards (PBSD 1025) were:

- provided at conference on \_\_\_\_/\_\_\_\_/\_\_\_\_       sent home on \_\_\_\_/\_\_\_\_/\_\_\_\_

An explanation was:  provided at the time of the conference.  waived by the parent/guardian/surrogate parent.

IX. This notice was:

- provided at conference on \_\_\_\_/\_\_\_\_/\_\_\_\_       sent home on \_\_\_\_/\_\_\_\_/\_\_\_\_

SIGNATURE OF PERSON COMPLETING THIS FORM \_\_\_\_\_ DATE \_\_\_\_\_ POSITION \_\_\_\_\_



THE SCHOOL DISTRICT OF PALM BEACH COUNTY  
DEPARTMENT OF EXCEPTIONAL STUDENT EDUCATION

### Exceptional Student Education (ESE) Student Reevaluation

Student Name (last, first, middle initial)	Student Number	Date of Birth
School	Grade	Sex
		Current Date

In accordance with federal law, the Individual Education Plan (IEP) team must meet every three years or sooner, if warranted, to review current and past information to determine whether the student continues to need ESE services. A meeting will be scheduled to review evaluation results with the parent if formal evaluation is recommended.

1) Student currently receives ESE services in the following areas:

---

2) The IEP team **must review** the previous and current information (check all that apply):

- Confidential/Cumulative File     Academic Achievement Results     Current IEP     Parent Input  
 Previous Evaluations (including Psycho-educational evaluation)

3) Observations (attach observations completed by teachers and appropriate service related providers)

Enter observation dates: First \_\_\_\_\_ Second \_\_\_\_\_ Third \_\_\_\_\_ Fourth \_\_\_\_\_

4) Additional information which may be reviewed includes, but is not limited to the following (check all that apply):

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Private Evaluation(s)           | <input type="checkbox"/> Alternate Assessment              | <input type="checkbox"/> Transition Services        |
| <input type="checkbox"/> Behavior Checklists             | <input type="checkbox"/> State/District Wide Assessment(s) | <input type="checkbox"/> Related Services           |
| <input type="checkbox"/> Adaptive Behavior               | <input type="checkbox"/> Diploma Option                    | <input type="checkbox"/> Assistive Technology Needs |
| <input type="checkbox"/> Portfolio Assessment            | <input type="checkbox"/> Grades                            | Other _____   |
| <input type="checkbox"/> Criterion Referenced Assessment | <input type="checkbox"/> Medical Information               |   |

5) The IEP team has determined:

- No need for further evaluation is recommended based on: \_\_\_\_\_  
Indicate the date for data entry, reevaluation: \_\_\_\_\_
- As a result of current information review, the student:  
Continues to have a disability?     Yes     No  
Continues to require ESE services?     Yes     No    If no, check one of the following:  
 monitor     dismiss from all ESE services     discontinue the following program /service \_\_\_\_\_

Are revisions to the IEP necessary?     Yes     No

Need for further evaluation including the following components (check only those components recommended by the IEP team) (**Must obtain** parental consent (*Parental Consent for Student Reevaluation PBSD 0939*))

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Vision                      | <input type="checkbox"/> Behavior Rating Scales    | <input type="checkbox"/> Augmentative Communication |
| <input type="checkbox"/> Hearing                     | <input type="checkbox"/> Adaptive Behavior         | <input type="checkbox"/> Assistive Technology       |
| <input type="checkbox"/> Intellectual                | <input type="checkbox"/> Learning Style/Processing | <input type="checkbox"/> Speech                     |
| <input type="checkbox"/> Academic                    | <input type="checkbox"/> Emotional/Personality     | <input type="checkbox"/> Language                   |
| <input type="checkbox"/> Social History              | <input type="checkbox"/> Occupational Therapy      | Other: _____  |
| <input type="checkbox"/> Functional Behavior Assess. | <input type="checkbox"/> Physical Therapy          |   |





CURRENT DATE / /	STUDENT NUMBER
---------------------	----------------

## Parent Consent for Individual Student Reevaluation

STUDENT NAME (last, first, middle initial)	DATE OF BIRTH / /	SEX F	GRADE Pre	SCHOOL
--	----------------------	----------	--------------	--------

The IEP team has reviewed all available information about your child. The team is recommending formal assessment at this time to assist in determining your child's educational needs and continued eligibility for ESE services.

The rationale for this decision was made on the basis of (check all that apply)

- Review of classroom performance   
  Review of IEP goals & objectives   
  Federal, State, District regulations  
 Parental request   
  Other: \_\_\_\_\_

The following evaluation components have been recommended in your child's reevaluation

- Vision                       Academic                       Review of records                       AT - Augmentative/Alternative Communication  
 Hearing                       Learning style                       Emotional/Personality  
 Speech/Language                       Adaptive behavior                       Behavior rating scales                       AT- Access to the Curriculum  
 Intellectual                       Informative processing                       Occupational therapy                       None needed  
 Social history                       Observation                       Physical therapy                       Other(s) \_\_\_\_\_

The multi-disciplinary team considered the following when making their recommendation(s) (check all that apply)

- School based assessment data                       Medical records                       Previous district evaluations  
 Classroom performance                       Group test scores                       State & Federal regulations  
 Private evaluation(s)                       Parental information                       District guidelines (SPP)  
 Agency information                       Out of District information                       Current technology devices  
 Other \_\_\_\_\_

Some of the options which were considered for your child were: \_\_\_\_\_

These options were rejected because: \_\_\_\_\_

If other factors were relevant to the district's proposal to reevaluate, they included: \_\_\_\_\_

If additional formal assessments have been recommended, the results and an explanation of the evaluation(s) will be provided to you at the next review of your child's *Individual Educational Plan (IEP)* unless you request a meeting prior to that date.

**You will be asked for additional consent prior to any ESE re-evaluations as required by Federal and State regulations.**

- Yes, I give my consent for the proposed evaluation.  
 Yes, I give my consent for the proposed evaluation, but would like a conference before the evaluation.  
 No, I do not give my consent for the proposed evaluation.

**Check one of the following options and sign below:** As a parent of a child with a disability, you have rights under federal and state laws. These rights are described in detail for you in the *Summary of Procedural Safeguards* (PBSD 1025) provided with this document. Read it carefully. You have the right to have it fully explained to you in your native language or primary mode of communication. (check one)

- I have received a copy of **Summary of Procedural Safeguards**, and was given the opportunity to ask questions. I understand my rights.  
 I have received a copy of **Summary of Procedural Safeguards**, but I waive the need for explanation. I understand my rights.

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

If you have any questions regarding these recommendations or the Procedural Safeguards Notice contact the school center or Area ESE designee indicated below.

SCHOOL CENTER ESE DESIGNEE:	TELEPHONE NUMBER: ( ) -	AREA ESE DESIGNEE:	TELEPHONE NUMBER: ( ) -
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THE SCHOOL DISTRICT OF PALM BEACH COUNTY  
 DEPARTMENT OF EXCEPTIONAL STUDENT EDUCATION (ESE)  
**Parental Consent for Individual Student Evaluation**

STUDENT NUMBER
----------------

**I. To the Parent(s)/Guardian(s) of**

STUDENT NAME (last)	(first)	(M)	DATE OF BIRTH	SEX
SCHOOL			GRADE	CURRENT DATE

All available information about your child has been reviewed and an evaluation has been recommended in order to assist in determining his/her educational needs.

**II. The rationale for this proposal was made on the basis of**

- Multi-disciplinary Team Review  Classroom Performance  Perceived Need(s)  Parental Information/Request  
 Group Assessment Data  Other \_\_\_\_\_

**III. Some of the following evaluation components may be used in the evaluation of your child as appropriate to his/her needs**

Vision, Hearing, Speech/Language, Intellectual, Academic, Learning Style, Processing, Adaptive Behavior, Social History, Emotional/Personality, Behavior Rating Scales, Review of Records, Observation, Occupational Therapy Physical Therapy, Augmentative Communication, Gifted Checklist, or Others as appropriate.

**IV. The following information was considered when making the recommendation to evaluate**

- School Based Assessment Data  Out of District Information  State and Federal Regulations  
 Group Test Scores  Medical Records  Parental Information  
 Classroom Performance  Previous District Evaluations  
 Private Evaluation(S)  District Special Programs Procedures Document  
 Agency Information  Other \_\_\_\_\_

**V. The following educational options have been considered for your child** The option(s) were determined insufficient to meet all the educational needs of your child and have been rejected as the primary method(s) of assisting your child. As a result, the decision to evaluate was made.

**VI. If other factors were relevant to the District's decision, they included** \_\_\_\_\_

**As a parent of a child with a disability, you have rights under federal and state laws. These rights are described in detail for you in the *Summary of Procedural Safeguards (PBSD 1025)* provided with this document. Please read it carefully. You have the right to have it fully explained to you in your native language or primary mode of communication. If you have any questions regarding these recommendations or the *Procedural Safeguards Notice*, please contact the school center or Area ESE designee indicated below.**

SCHOOL CENTER ESE DESIGNEE	TELEPHONE NUMBER	AREA ESE DESIGNEE	TELEPHONE NUMBER
----------------------------	------------------	-------------------	------------------

**VII. Parent Section (FILL OUT AND RETURN THE ENTIRE FORM TO THE SCHOOL)**

Consent is for an initial preplacement evaluation only. You will be asked for additional consent prior to any ESE re-evaluations as required by Federal and State regulations.

- CHECK ONE:  Yes, I give my consent for the proposed evaluation.  
 Yes, I give my consent for the proposed evaluation, but would like a conference before the evaluation.  
 No, I do not give my consent for the proposed evaluation.

- CHECK ONE:  I have received a copy and an explanation of **Summary of Procedural Safeguards**, and was given the opportunity to ask questions. I understand my rights.  
 I have received a copy of **Summary of Procedural Safeguards**, but I waive the need for explanation. I understand my rights.

\_\_\_\_\_  
 SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
 DATE

# Recommendation for Expulsion Letter to Parent

Print on School Letter Head  
(All type in blue will not appear when printed)

Return Receipt Requested      Regular and Certified Mail  
Date      /      /      (receipt no.)  
Student Number

*Custodial  
parent/guardian  
name (as shown  
in A05) and  
address (as  
Shown in A03).*

Custodial Parent/Guardian of:

Student Name

Dear Custodial Parent/Guardian:

*Date of suspension* On    /    /    your son/daughter/ward was rendered a ten (10) day suspension as documented by my letter to you, a copy of which is attached.

Pursuant to Florida Statute §1006.07, which authorizes the School Board to decide cases recommended for expulsion, I have this date recommended to the Expulsion Screening Committee that the School Board expel your son/daughter/ward from the public schools of Palm Beach County. My recommendation is based on substantial evidence available to me supporting the following serious misconduct.

*Brief synopsis of  
event including  
Police Case  
Report number*

Pursuant to Florida Statute §1006.08, the Superintendent may extend the ten (10) day suspension until the date the School Board Meeting at which time the School Board will act on the Expulsion.

*Day after 10 day suspension ends* As of    /    /    , your son/daughter/ward is assigned to the Department of Alternative Education.

Sincerely,

*Principal signature*

*Principal/  
Designee name,  
title, address,  
and phone  
number.*

cc: Area Superintendent  
Chief Academic Officer  
Director of Alternative Education  
School Police

Regular and Certified Mail: Return Receipt Requested

Date  
Student Number

Custodial Parent/Guardian of:

Dear Custodial Parent/Guardian:

Pursuant to Florida Statute § 1006.09(2), and State Board of Education Rule 6A-1.0956, the principal has authority to determine whether or not a student should be felony suspended pending resolution of criminal charges.

On \_\_\_\_\_, I received proper notice that your son/daughter/ward has been formally charged with:

An administrative hearing shall be conducted on \_\_\_\_\_ at the following location:

for the purpose of determining whether or not son/daughter/ward should be felony suspended pending court resolution of the charges. Pending such hearing, your son/daughter/ward, is suspended.

The hearing shall be conducted by the principal. The student may be accompanied by their custodial parent/guardian, and representative or legal counsel. The student may speak in his/her defense, and may present any evidence indicating his/her eligibility for a waiver of disciplinary action under Florida Statute § 1006.09(2). The student may be questioned on his/her testimony, however, he/she shall not be threatened with punishment or later punished for refusal to testify. Since this is an administrative hearing, it is not bound by rules of evidence or any other courtroom procedure. No transcript of testimony is required.

Please contact me at \_\_\_\_\_ no later than \_\_\_\_\_ to confirm your attendance along with a list of representatives and witnesses.

Sincerely,

cc: Area Superintendent  
Chief Academic Officer  
Director of Alternative Education  
School Police

Regular and Certified Mail  
Return Receipt Requested  
Date     /     /  
Student Number

Custodial Parent/Guardian of:

Dear Custodial Parent/Guardian:

After due consideration of the information presented at the hearing on     /     /     , a felony suspension will be imposed on your son/daughter/ward.

Effective immediately, your son/daughter/ward is assigned to the Department of Alternative Education and shall be enrolled in the program at the following site for the duration of this felony suspension. Transportation will be provided by the School District.

In order to lift the felony suspension, the student must provide a copy of the court order regarding the resolution of the pending criminal charges. If the student is found not guilty, the Area Superintendent will place the student in an appropriate program. If the student is found guilty, the principal may recommend to the Superintendent that the student be expelled.

Sincerely,

cc: Area Superintendent  
Chief Academic Officer  
Director of Alternative Education  
School Police





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

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

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

The Area Alternative Education (AE) ESE Resource Teacher 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 Resource Teacher then sends the original of this completed checklist and the completed Referral Packet to the Department of Dropout Prevention/Alternative Education for review and Director's signature. DOP/AE notifies the Area Superintendent of student eligibility and Referral Packet completion. The Area office notifies the sending and receiving schools of the approved placement request and forwards a copy of the packet to the receiving school.

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 Resource Teacher <input type="checkbox"/> 3. ESE teacher <input type="checkbox"/> 4. General education teacher <input type="checkbox"/> 5. Evaluation specialist <input type="checkbox"/> 6. Juvenile Probation Officer (Juvenile Justice only) <input type="checkbox"/> 7. DOP/AE Contact from DOP/AE program (Juvenile Justice placement and PBM transition only)	<input type="checkbox"/> 8. Custodial parent/guardian <input type="checkbox"/> 9. Student (if turning 14- years old during term of IEP or if otherwise appropriate) <input type="checkbox"/> 10. Home school administrator or designee <input type="checkbox"/> 11. DOP/AE Contact from Dropout Prevention Program <input type="checkbox"/> 12. School District ESE Resource Teacher for Juvenile Justice sites (if appropriate) <input type="checkbox"/> 13. Juvenile Probation Officer or other outside agency representative (if appropriate) <input type="checkbox"/> 14. 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"/> 15. Translator (if appropriate) <input type="checkbox"/> 16. ELL Contact (if appropriate)

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

<input type="checkbox"/> 1. Involuntary Placement Only: Recent Functional Behavior Assessment (FBA) or approximate date for FBA completion with completed Parent Consent for Individual Student Reevaluation (PBSD 0939)	<input type="checkbox"/> 4. EDW RSSOA0082 (Sec. or Elem.)
<input type="checkbox"/> 2. Documentation of sufficient and appropriate interventions targeting specific concerns or behavior(s), including Behavior Intervention Plan (BIP) if FBA is completed	<input type="checkbox"/> 5. TERMS screens A03, A05, A06, A07, A08, A10, A12, A13, A14, A15, A17, A21, A23 and A24
<input type="checkbox"/> 3. For students with 10 days of out of school suspension, completed Manifestation Determination (PBSD 1927) and Discipline Report of ESE Students (PBSD 0266)	<input type="checkbox"/> 6. Log of contacts with custodial parent/guardian regarding concerns and behavior/discipline <input type="checkbox"/> 7. Log of guidance counselor interventions <input type="checkbox"/> 8. Log of administrator interventions <input type="checkbox"/> 9. Progress Monitoring Plan (PMP) (PBSD 1739 grades K-5 or PBSD 1687 grades 6-12)

**Exceptional Student Education (ESE)  
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 each section of the current IEP, reviews current academic performance levels, and documents progress of mastery towards goals and objectives to date, including behavior goals
- 3. Reviews and modifies existing BIP to address the behavior as necessary
- 4. Reviews PMP (PBSD 1739 or PBSD 1687)
- 5. Determines whether student meets student profile for the DOP/AE program
- 6. Determines whether the IEP can be implemented at the DOP/AE site
- 7. Decides on appropriate learning environment/placement for student
- 8. Writes new or updates current IEP based upon progress and other information gathered
- 9. Reviews existing ESE Matrix form and revises (if appropriate)

**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.**

D) If the IEP team recommends placement in a transition program/school, the current school ESE Contact and Area ESE/Alternative Education Resource Teacher coordinate the following completed items to be included with the Referral Packet.

- 1. All documentation for item (B and C) of this checklist
- 2. DOP/AE 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)
- 3. Update A23 to indicate DOP/AE Placement in progress
- 4. All Conference Records (PBSD 1051/1051A) pertaining to this Dropout Prevention/Alternative Education referral
- 5. Parent Participation Notification form (PBSD 0298) and a copy of the certified mail receipt dated at least 10 days prior to meeting notifying parent of educational placement consideration
- 6. New or updated IEP goals and objectives (PBSD 0659)
- 7. Prior Written Notice (Change of Placement/FAPE) (PBSD 1723)
- 8. Most recent ESE Student Reevaluation (PBSD 1366) including copy of Parent Consent for Individual Student Reevaluation (PBSD 0939)
- 9. Most recent psycho-educational evaluation including copy of Parent Consent for Individual Student Evaluation (PBSD 0297).
- 10. Updated A23 screen reflecting
  - new IEP and/or evaluation due dates if new IEP was written
  - new re-evaluation due dates if evaluation was done
  - revised ESE Matrix (PBSD 2000)
- 11. Updated PMP (PBSD 1739 or PBSD 1687) (if appropriate)
- 12. TERMS A06 screen, initialed and dated by school nurse, verifying immunization compliance

E) If this referral is based on a single disciplinary incident, the incident must be an expellable offense per District Policy 5.1812 or 5.1813. Include in the Referral Packet a copy of the Student Discipline Referral (PBSD 0279) and a copy of authorization from Legal Services to involuntarily assign the student to an Dropout Prevention/Alternative Education Program.

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

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

F) Indicate  voluntary or  involuntary placement, the recommended program, and the diploma option:

**NOTE: The sending school is responsible for arranging transportation.**

<u>Behavior Interventions for Elementary</u>	<u>Behavior Interventions for Middle and High School</u>	<u>Parental/Outside Agency for Middle and High School</u>	<u>Diploma Option</u>
<input type="checkbox"/> Gold Coast <input type="checkbox"/> Lake Shore Annex <input type="checkbox"/> Delray Full Service Center	<input type="checkbox"/> South Intensive @ South School of Choice <input type="checkbox"/> Turning Point Academy <input type="checkbox"/> West Intensive @ West Tech	<input type="checkbox"/> PBMI <input type="checkbox"/> PACE	<input type="checkbox"/> Regular Diploma <input type="checkbox"/> Special Diploma <input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2

G) 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; (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**



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

**Exceptional Student Education/Interim Alternative  
Education Setting (IAES) Placement Procedures  
Checklist for Weapon or Drug Offenses**

The Area Alternative Education (AE) ESE Resource Teacher 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 Resource Teacher then sends the original of this completed checklist and the completed Referral Packet to the Department of Dropout Prevention/Alternative Education for review and Director's signature. DOP/AE notifies the Area Superintendent of student eligibility status and Referral Packet completion. The Area office notifies the sending and receiving schools of the placement and forwards a copy of the packet to the receiving school.

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) Sending school contacts Dropout Prevention/Alternative Education to determine date and location of ESE/Interim Alternative Education Setting (IAES) placement. Sending school is responsible for notifying parent and arranging transportation.

**WITHIN 10 DAYS OF PLACEMENT IN ESE/IAES**

- B) An Individual Education Plan (IEP) Team must convene to review the IEP, to determine if the behavior was a manifestation of the student's disability, and to consider the appropriate educational setting. Parent Participation Notification (PBSD 0298) must indicate the purpose(s) of the meeting.

MUST ATTEND	MUST BE INVITED
<input type="checkbox"/> 1. Local Education Agency representative <input type="checkbox"/> 2. Area Alternative Education ESE Resource Teacher <input type="checkbox"/> 3. ESE teacher <input type="checkbox"/> 4. General education teacher <input type="checkbox"/> 5. Evaluation specialist <input type="checkbox"/> 6. DOP/AE Elementary Principal (if applicable)	<input type="checkbox"/> 7. Custodial parent/guardian <input type="checkbox"/> 8. Student (if turning 14-years-old during term of IEP or if otherwise appropriate) <input type="checkbox"/> 9. Sending school administrator or designee <input type="checkbox"/> 10. DOP/AE Contact from DOP/AE Program <input type="checkbox"/> 11. Outside agency representative (if appropriate) <input type="checkbox"/> 12. 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"/> 13. Translator (if appropriate) <input type="checkbox"/> 14. ELL Contact (if appropriate)

- C) Sending school IEP Team collects documentation pertaining to student performance, attendance, disciplinary infractions, and behavior interventions.

- 1. Recent Functional Behavior Assessment (FBA) or approximate date for FBA completion with custodial Parent Consent for Individual Student Reevaluation (PBSD 0939)
- 2. Behavior Intervention Plan (BIP) if FBA is complete
- 3. TERMS screens A03, A05, A06, A07, A08, A10, A12, A13, A14, A15, A17, A21, A23 and A24 (Elem. include L01 and omit A12, A14, A17)
- 4. Manifestation Determination (PBSD 1927) and ESE Discipline Report (PBSD 0266)
- 5. Documentation of current academic performance levels, including, if appropriate, SRI Student Progress Report
- 6. Progress Monitoring Plan (PBSD 1739 - grade K-5, or PBSD 1687 - grade 6-12)
- 7. Student Discipline Referral (PBSD 0279) and other documentation pertaining to the precipitating incident

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Offenses**

Student Name	Student ID #
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**D) At the meeting, the IEP Team:**

- 1. Reviews all documentation from item (C) of this checklist
- 2. Reviews PMP (PBSD 1739 or PBSD 1687)
- 3. Reviews each section of the current IEP, reviews current academic performance levels, and documents progress of mastery towards goals and objectives to date, including behavior goals
- 4. Reviews BIP and its implementation and modifies BIP and its implementation as necessary, to address the behavior that led to the ESE/IAES placement. If there is no BIP, sending school ESE Contact coordinates obtaining custodial parent/guardian permission, Parent Consent for Individual Student Reevaluation (PBSD 0939) and developing FBA and BIP
- 5. Determines whether the IEP can be implemented at the Dropout Prevention/ Alternative Education site
- 6. Decides on appropriate learning environment/placement for student
- 7. Writes new or updates current IEP goals and objectives based upon progress and other information gathered
- 8. Schedules IEP Team meeting to take place prior to the end of the 45-day placement
- 9. Informs the custodial parent/guardian of the right to file for a due process hearing if the parent disagrees with the placement and documents this in Conference Records (PBSD 1051/1051A)

**E) The sending school ESE Contact and Area Alternative Education ESE Resource Teacher coordinate the following completed items to be included with the Referral Packet.**

- 1. All documentation for item (C) of this checklist updated A23 to indicate DOP/AE Placement in progress
- 2. Dropout Prevention Eligibility/Consent for Placement (PBSD 1546)
- 3. All Conference Records (PBSD 1051/1051A) pertaining to this DOP/AE referral
- 4. Parent Participation Notification form (PBSD 0298)
- 5. New or updated IEP goals and objectives (PBSD 0659)
- 6. Prior Written Notice (Change of Placement/FAPE) (PBSD 1723)
- 7. Most recent ESE Student Reevaluation (PBSD 1366) including copy of Parent Consent for Individual Student Reevaluation (PBSD 0939)
- 8. Most recent psycho-educational evaluation including copy of Parent Consent for Individual Student Evaluation (PBSD 0297).
- 9. Updated A23 screen reflecting
  - new IEP and/or evaluation due dates if new IEP was written
  - new re-evaluation due dates if evaluation was done
  - Dropout Prevention/Alternative Education Placement in progress (enter "Y")
- 10. Updated PMP (PBSD 1739 or PBSD 1687)
- 11. TERMS A06 Screen, initialed and dated by school nurse verifying immunization compliance

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- G) Indicate which program and diploma option (if appropriate) the IEP Team is recommending  
**NOTE The sending school is responsible for arranging transportation**

**Behavior Interventions  
for Elementary**

- Gold Coast
- Lake Shore Annex
- Delray Full Service Center

**Behavior Interventions  
for Middle and High School**

- South Intensive @ South School of Choice
- Turning Points Academy
- West Intensive @ West Tech

**Diploma Option**

- Regular Diploma
- Special Diploma
  - Option 1
  - Option 2

- H) 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; (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*

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