

Initial Evaluation Referral Procedures for Parentally-Placed Private School Students

The following procedures are provided to facilitate the Child Find process for locating, identifying, and evaluating all children with disabilities in private schools.

Exceptional Student Education (ESE) Service Center - Private School Intake (PSI) Office

<http://privateschoolsidea.dadeschools.net/>



1. **For a student who does NOT have a M-DCPS student identification number, the following is also required:**
 - Completed MDCPS Student ID Information Packet: Call 305-274-8889
 - Copy of parent Driver's License
 - Copy of FPL Bill or Lease Agreement
2. **Parents/Guardians, with the assistance of the private school, must gather as much existing/pertinent information as possible on the child's current levels of performance.** To access any of the forms listed, click on the links provided. The following documents **are required:**
 - Private School Intake (PSI) - Referral Cover Page
 - Request for Assistance (RFA) packet – Form 7073 <http://forms.dadeschools.net/webpdf/7073.pdf>
 - Two Teacher Observations – found on page 2 of the RFA packet
 - Consent Form for Mutual Exchange of Information Form 2128 <http://forms.dadeschools.net/webpdf/2128.pdf>
 - Sensory screening information (vision & hearing)- screening must be within one year
 - School Entry Health Form provided by Pediatrician
 - if Not available, please use forms listed below
 - Vision – Form 2125 <http://forms.dadeschools.net/webpdf/2125.pdf>
 - Hearing – Form 7409 <http://forms.dadeschools.net/webpdf/7409.pdf>
 - The following documents can be used to support the request and demonstrate the Strengths and areas of concern:
 - Grades, report card, work samples, attendance records, and discipline records
 - Any standardized test scores, diagnostic assessments, intervention data
 - Any private medical, psycho-educational evaluations, speech/language evaluations
 - Any medical diagnosis must be documented on the Physician's Statement Form 1920 <https://forms.dadeschools.net/webpdf/1920.pdf>
 - Any individualized interventions: the plans below could be used to document private school efforts:
 - Private school completes if there are academic concerns: RtI Academic Intervention Plan Form 6290 <http://forms.dadeschools.net/webpdf/6290.pdf>
 - Can also submit a copy of the school's Learning/Academic Support Plan
 - When behavior concerns are present: Private School completes the Social Emotional-Behavioral Intervention Plan (SE-BIP), Form 6287 <http://forms.dadeschools.net/webpdf/6287.pdf> and MTSS Structured Interview Form 6660 <https://forms.dadeschools.net/webpdf/6660.pdf>
3. The guardian delivers the completed packet as a PDF file via email to ESE Support at ese@dadeschools.net or by fax to 305- 666-1250 or to the address below.
 - When emailing, please write **"PSI EVALUATION"** on the subject line of email.
 - The Department of Exceptional Student Education will respond that they received the email submission.
 - The PSI Team reviews the documentation and informs the parent/school if any additional documentation needed
4. Once the packet is complete, the PSI Team will contact the guardian with a SST meeting date and time.
5. At the School Support Meeting (SST) meeting, all the collected data will be reviewed and discussed, and if deemed appropriate by the SST, a Consent to Conduct and Evaluation will be secured.
 - Please note: Private school teacher is required to participate in this meeting (in person or by phone)
6. Any formal evaluations are scheduled and conducted at a PSI Office or M-DCPS School.
7. A follow up meeting will be held to review the results of any evaluations conducted, and ESE eligibility determined if applicable.

**MIAMI-DADE COUNTY PUBLIC SCHOOLS
PRIVATE SCHOOL INTAKE OFFICE
REFERRAL COVER PAGE**

Reason for Referral: Initial Evaluation Re-evaluation Matrix Update Review

STUDENT'S NAME: _____ GRADE: _____ DOB: _____
MDCPS ID# _____ CURRENT EXCEPTIONALITY: _____
PARENT'S NAME: _____
PHONE NUMBER: _____
HOME ADDRESS: _____
EMAIL ADDRESS: _____
HOME SCHOOL: _____

*If the student has never attended M-DCPS, a Student ID must be obtained in order to start the evaluation process. Please complete the Student ID Information Packet Form and submit it along with the following documents. Please submit documents using a PDF format. Request made at ESE@dadeschools.net

- Student birth certificate
- Parent driver's license
- Recent FPL/Utility Bill, Mortgage/Lease Agreement

TO BE COMPLETED BY PRIVATE SCHOOL:

PRIVATE SCHOOL NAME: _____
ADDRESS: _____
IS THIS PRIVATE SCHOOL NON-FOR-PROFIT? _____
PHONE NUMBER: _____
CONTACT EMAIL: _____
CONTACT PERSON: _____
NAME OF TEACHER: _____

*Please complete all the required documents, as explained on the Initial Evaluation Referral Procedures or the Reevaluation Procedures attached. Once the referral packet has been completed, please submit the entire completed packet via PDF format. Documents may be submitted via email to ese@dadeschools.net. **On the subject line of the email write "PSI EVALUATION."** If you have any questions, please contact the M-DCPS IDEA Private Schools Obligations Office at 305-274-8889 or Jennifer Horenstein at jhorenstein@dadeschools.net.*



Miami-Dade County Public Schools Multi-Tiered System of Supports (MTSS) Request for Assistance (RFA)

IDENTIFYING INFORMATION

Student Name:	DOB:
School Name:	ID: Grade:

ENGLISH LANGUAGE LEARNER INFORMATION

(Completed by ELL Committee for ELL students –please attach J-Screen Data, WIDA Report, and any additional data)

Home Language:	Student ESOL Level:
Date of Recent ELL Committee Meeting:	Number of ESOL Semesters:
Date Language Proficiency/Dominance Assessment Requested:	ESOL Entry: _____ ESOL Exit: _____

DATE AND SIGNATURE OF REFERRAL SOURCE

Date RFA (FM-7073) Submitted:
Name and Title of Referral Source:
Signature of Referral Source:

CONFIRMATION OF RECEIPT OF RFA (FM-7073)

<i>Date Received</i>	<i>Name (Print Last Name, First Name)</i>	<i>Signature</i>
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ARE A REQUESTING ASSISTANCE

*If there are multiple areas of concern, please rank each by order of significance with #1 being the most significant
* All Communication requests will be forwarded to your Speech-Language Pathologist*

<input type="checkbox"/> Student Previously Retained	Additional Comments/Notes:
<input type="checkbox"/> Reading/Writing: Rank _____	_____
<input type="checkbox"/> Mathematics: Rank _____	_____
<input type="checkbox"/> Behavior: Rank _____	_____
<input type="checkbox"/> Communication* Rank _____	_____
<input type="checkbox"/> High Aptitude Rank _____	_____
<input type="checkbox"/> Other Rank _____	_____

TEACHER OBSERVATION (___ of 2)

Must Provide 2 Observations from FM-7073

AREAS OF STRENGTH

Reading

- Phonics
- Phonemic Awareness
- Vocabulary
- Fluency
- Comprehension
- Oral Language

Mathematics

- Calculation
- Problem Solving

Communication

- Expressive
- Receptive
- Articulation

Written Language

- Science**
- Motor Skills**
- Adaptive Skills**
- Art**
- Music**
- Social Skills/ Interpersonal Skills**

High Aptitude

- Performing academically above expectations

Additional Comments:

AREAS OF CONCERN – Reflection & Observation of present performance during routine classroom instruction

Attention/ Executive Functioning	Some times	Often	Presently Observed
Gets out of seat at wrong times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has short attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is easily distracted/requires frequent redirection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appears to daydream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impulsive/Does not think before doing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is unaware of behavior when in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appears over active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has difficulty getting started on class work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does not complete tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does not turn in homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has difficulty following directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has a messy desk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is easily confused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has trouble remembering things, even for a few minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets stuck on one topic or activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acts upset by change in routine/plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is fidgety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Externalizing Behaviors	Some times	Often	Presently Observed
Calls out in class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has temper tantrums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lacks self-control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cries inappropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takes things belonging to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Makes untrue statements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is destructive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses profane language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is physically aggressive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is verbally aggressive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily frustrated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lacks empathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Defiant to authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits perseverating/ repetitive behaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequently truant/absent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Internalizing Behaviors	Some times	Often	Presently Observed
Seems withdrawn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prefers solitary activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is easily led, influenced by others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has difficulty making friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Avoids verbal communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does not participate in class activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is ridiculed by peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is ignored by peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seems anxious/worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seems sad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits self-injurious behaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates mood changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seems easily overwhelmed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits fear of school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TEACHER NAME & SIGNATURE

DATE

TEACHER OBSERVATION (__ of 2)

Must Provide 2 Observations from FM-7073

AREAS OF STRENGTH

Reading

- Phonics
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- Comprehension
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- Music**
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Impulsive/Does not think before doing			
Is unaware of behavior when in a group			
Appears over active			
Has difficulty getting started on class work			
Does not complete tasks			
Does not turn in homework			
Has difficulty following directions			
Has a messy desk			
Is easily confused			
Has trouble remembering things, even for a few minutes			
Gets stuck on one topic or activity			
Acts upset by change in routine/plans			
Is fidgety			

Externalizing Behaviors	Some times	Often	Presently Observed
Calls out in class			
Has temper tantrums			
Lacks self-control			
Cries inappropriately			
Takes things belonging to others			
Makes untrue statements			
Is destructive			
Uses profane language			
Is physically aggressive			
Is verbally aggressive			
Easily frustrated			
Lacks empathy			
Defiant to authority			
Exhibits perseverating/ repetitive behaviors			
Frequently truant/absent			

Internalizing Behaviors	Some times	Often	Presently Observed
Seems withdrawn			
Prefers solitary activities			
Is easily led, influenced by others			
Has difficulty making friends			
Avoids verbal communication			
Does not participate in class activities			
Is ridiculed by peers			
Is ignored by peers			
Seems anxious/worried			
Seems sad			
Exhibits self-injurious behaviors			
Demonstrates mood changes			
Seems easily overwhelmed			
Exhibits fear of school			

TEACHER NAME & SIGNATURE

DATE

READING/WRITING INTERVENTIONS

-Complete this Section only if Reading/Writing is a Targeted Area of Concern -

TIER 1 DATA PROFILE *(Attach supporting documentation)*

CURRICULUM	Tier 1 data used to determine Tier 2 need <i>(Check all that apply)</i>
<p>Tier 1 Curriculum: _____</p> <p>DI Frequency: _____ Minutes a day, _____ days a week</p> <p>DI Skill Focus (Ex: Phonics: <i>CVC/CVCe</i>):</p> <p><input type="checkbox"/> Phonemic Awareness</p> <p><input type="checkbox"/> Phonics/Spelling</p> <p><input type="checkbox"/> Vocabulary/Word Meaning</p> <p><input type="checkbox"/> Fluency</p> <p><input type="checkbox"/> Reading Comprehension</p> <p><input type="checkbox"/> Written Expression</p>	<p><input type="checkbox"/> i-Ready Diagnostic Data</p> <p><input type="checkbox"/> FCAT/FSA (Levels 1 or 2)</p> <p><input type="checkbox"/> SESAT/SAT-10 (<40%)</p> <p><input type="checkbox"/> D, F grades</p> <p><input type="checkbox"/> Other:</p> <p>_____</p> <p>_____</p> <p>_____</p>

TIER 2 DATA PROFILE *(Attach supporting documentation)*

INTERVENTION	PROGRESS MONITORING <i>Check & Attach all data (data/chart/graph)</i>
<p>Tier 2 Curriculum/Intervention: _____</p> <p>Initiation Date: _____</p> <p>Frequency Intervention Received: _____ minutes/per _____</p> <p>Additional Resources: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> MTSS Tier 2 Fidelity Monitoring Chart (FM 6493)*</p> <p><input type="checkbox"/> i-Ready Growth Monitoring Data</p> <p><input type="checkbox"/> In-Program Assessment Data</p> <p><input type="checkbox"/> Other:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p style="text-align: right;">* Required</p>

DATA ANALYSIS

(Completed by an MTSS Team Member)

Is the student on track to meet grade-level expectation?

- Yes, student **IS** on track. No referral to Tier 3 SST.
- No, student is **NOT** on track AND is performing below grade-level. Refer to Tier 3 SST.

Analyzed by: _____
(Name, Signature, and Date)

MATHEMATICS INTERVENTION

- Complete this Section only if Mathematics is a Targeted Area of Concern -

TIER 1 DATA PROFILE *(Attach supporting documentation)*

CURRICULUM	Tier 1 data used to determine Tier 2 need <i>(Check all that apply)</i>
<p>Tier 1 Curriculum: _____</p> <p>DI Frequency: _____ Minutes a day, _____ days a week</p> <p>DI Skill Focus: _____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> i-Ready Individual Student Report</p> <p><input type="checkbox"/> FCAT/FSA Levels 1 or 2</p> <p><input type="checkbox"/> SESAT/SAT-10 <40%</p> <p><input type="checkbox"/> D, F grades</p> <p><input type="checkbox"/> Other: _____</p> <p>_____</p> <p>_____</p>

TIER 2 DATA PROFILE *(Attach supporting documentation)*

INTERVENTION	PROGRESS MONITORING <i>Check & Attach all data (data/chart/graph)</i>
<p>Tier 2 Curriculum/Intervention: _____</p> <p>Initiation Date: _____</p> <p>Frequency Intervention Received: _____ minutes/per _____</p> <p>Additional Resources: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> MTSS Tier 2 Fidelity Monitoring Chart (FM 6493)*</p> <p><input type="checkbox"/> i-Ready Growth Monitoring Data</p> <p><input type="checkbox"/> Other: _____</p> <p>_____</p> <p>_____</p> <p style="text-align: right;">* Required</p>

DATA ANALYSIS

(Completed by an MTSS Team Member)

Is the student on track to meet grade-level expectation?

- Yes, student **IS** on track. No referral to Tier 3 SST.
- No, student is **NOT** on track AND is performing below grade-level. Refer to Tier 3 SST.

Analyzed by: _____
(Name, Signature, and Date)

SOCIAL-EMOTIONAL BEHAVIOR INTERVENTION

- Complete this Section only if Social-Emotional Behavior is a Targeted Area of Concern -

TIER 1 DATA PROFILE *(Attach supporting documentation)*

CURRICULUM - Behavioral Standard -	TIER 1 BEHAVIORAL PROFILE
<p>Tier 1 Curriculum/Standard</p> <p><input type="checkbox"/> Code of Student Conduct</p> <p><input type="checkbox"/> School-Wide Behavioral Expectations (PBIS)</p> <p><input type="checkbox"/> Classroom Rules/Procedures</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Other: _____</p>	<p>Tier 1 data used to determine Tier 2 need <i>(Check all that apply)</i></p> <p><input type="checkbox"/> MTSS Tier 1 Behavioral Profile Sheet (FM 7447)*</p> <p><input type="checkbox"/> Other: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p style="text-align: right;">* Required</p>

TIER 2 DATA PROFILE *(Attach supporting documentation)*

INTERVENTION Type of Intervention Provided	PROGRESS MONITORING <i>Check & Attach all data (data/chart/graph)</i>
<p>Tier 2 Curriculum/Intervention: _____</p> <p>Initiation Date: _____</p> <p>Frequency Intervention Received: _____ minutes/per _____</p> <p>Additional Resources: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> MTSS Tier 2 Fidelity Monitoring Chart (FM 6493)*</p> <p><input type="checkbox"/> Student Case Management (SCM) History*</p> <p><input type="checkbox"/> Other: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p style="text-align: right;">* Required</p>

DATA ANALYSIS

(Completed by an MTSS Team Member)

Is the student responding to the services being provided?

- Yes, student **IS** responding. No referral to Tier 3 SST.
- No, student is **NOT** responding AND requires Tier 3 SST assistance (FAB initiated, use code FC)

Analyzed by: _____
(Name, Signature, and Date)

ADMINISTRATIVE CHECKLIST

FIDELITY CHECKLIST

Tiers 1 and 2 have been implemented with fidelity and integrity

- Yes
- No

The student attended or was provided intervention(s) with fidelity

- Yes
- No

RFA Review:

RFA Complete- **Secure Consent to Screen (FM #6279)**

○ Date Reviewed: _____

RFA Incomplete (Reason): _____

○ Date Returned to Initiator: _____

Administratoor/SST Coordinator Signature: _____ **Date:** _____



MIAMI-DADE COUNTY PUBLIC SCHOOLS

CONSENT FORM FOR MUTUAL EXCHANGE OF INFORMATION

Date _____

Student's Name _____

Date of Birth _____ ID# _____

I hereby authorize the mutual exchange of records pertaining to my child or myself, _____, between the MIAMI-DADE COUNTY PUBLIC SCHOOLS and the following agencies (include all schools, physicians, psychologists, hospitals, clinics, etc., that have had significant contact with your child):

Name

Address

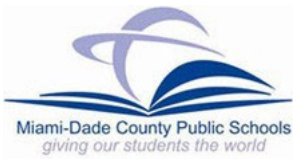
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

- The specific records to be disclosed pertain to: _____
- The purpose for making these records available is: _____
- **The receiving party will not disclose the information to any other party without signed consent.**

I certify that I am the parent or legal guardian of the child named above or that I am a student of majority age and have the authority to sign this release.

_____	_____
Name (print)	Signature
_____	_____
Address	City, State Zip Code

Please return this form to: _____



ESCUELAS PÚBLICAS DEL CONDADO MIAMI-DADE

CARTA DE CONSENTIMIENTO PARA EL INTERCAMBIO MUTUO DE INFORMACIÓN
(CONSENT FORM FOR MUTUAL EXCHANGE OF INFORMATION)

Fecha _____

Nombre del estudiante _____

Fecha de nacimiento _____ Número de identidad _____

Con la presente carta autorizo el intercambio de información en referencia a mi hijo o mi persona, _____, entre las Escuelas Públicas del Condado de Miami-Dade (MIAMI-DADE COUNTY PUBLIC SCHOOLS) y las siguientes agencias (incluyendo escuelas, médicos, sicólogos, hospitales, clínicas, etc., que han tenido que ver con su hijo/hija):

Nombre

Dirección

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

• Los documentos específicos divulgados conciernen: _____

• La razón de tener estos documentos disponibles es: _____

• **La(s) persona(s) que reciba(n) estos documentos no divulgará(n) la información con otras personas y/o agencias sin su consentimiento.**

Hago constar que soy el padre o tutor legal del niño cuyo nombre se menciona arriba o que soy un estudiante mayor de edad y estoy autorizado para firmar esta carta de autorización.

Nombre

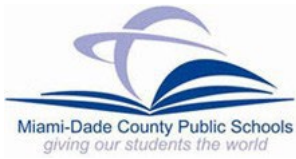
Firma

Dirección

Ciudad, Estado

Código postal

Sírvase devolver esta carta a:



LEKÒL PIBLIK MIYAMI

FÑM KONSANTMEN POU ECHANJ EMFÑMASYON
(CONSENT FORM FOR MUTUAL EXCHANGE OF INFORMATION)

Dat _____

Nom elèv _____

Dat li fèt _____ ID# _____

Mwen otorize ke yo fe echanj enfomasyon sou dosye pitit mwen ou dosye pa-m, _____, ant Lekòl Leta Miami-Dade Konti ak ajns sa yo mete (tout lekòl, doktè, sikològ, klinik, esetera, ki te an afè avèk pitit ou):

Nom

Adrès

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

• Dosye yo kapab kite moun wè yo, se dosye ki gen rapò ak: _____

• Dosye yo kapab kite moun wè yo, se dosye ki gen rapò ak: _____

• **Moun ki resevwa dosye ya p'ap kite okenn lot moun wè yo san yon konsantman siyen.**

Mwen sètifye ke se mwen ki paran ou gadyen timoun, non ekri anro, fòm sa a ou swa mwen se yon elèv ki majè e ke mwen gen otorite ou siyen pèmisyon sa a.

_____ Non

_____ Siyati

_____ Adrès

Sil vou plè, retounen fòm sa bay:



MIAMI-DADE COUNTY PUBLIC SCHOOLS

STUDENT'S NAME: (LAST) _____ (FIRST) _____ (M.I.) _____			DATE (MM/DD/YY)	_____
			STUDENT ID. #	_____

MULTI-TIERED SYSTEM OF SUPPORTS (MTSS) VISION SCREENING

VISION SCREENING REPORT

ADDRESS _____

TELEPHONE _____ SEX _____ City _____ State _____ Zip Code _____

SCHOOL _____ GRADE _____ ETHNICITY _____

PARENT/GUARDIAN _____ TEACHER _____

Reason for referral:

	RIGHT	LEFT	BOTH
Visual acuity without glasses:	_____	_____	_____
Visual acuity with present glasses:	_____	_____	_____
Visual acuity with prescription recommended:	_____	_____	_____

Results and Recommendation Summary:

Date of Examination: _____

Name of Examiner

Title of Examiner

Signature of Examiner



**MIAMI-DADES COUNTY PUBLIC SCHOOLS
MULTI-TIERED SYSTEM OF SUPPORTS (MTSS)
AUDIOMETRIC SCREENING**

Name: _____ DOB: _____ ID#: _____

School: _____ Grade: _____ Teacher: _____

	1000 Hz	2000 Hz	4000 Hz
Left Ear (dB)			
Right Ear (dB)			

Results of Screening:

- PASS
- FAIL Date Referred _____ Referred Facility: _____
- Could Not Condition Date Referred _____ Referred Facility: _____

Comments/Observations:

Screener Name _____

Screener Employee Number _____

Screener Signature _____

Screening Date _____



**MIAMI-DADE COUNTY PUBLIC SCHOOLS
MULTI-TIERED SYSTEM OF SUPPORTS (MTSS)
TIER 3 ACADEMIC INTERVENTION PLAN**

Student Information:

Name: _____ ID# _____ Date of Meeting: _____

School: _____ Grade: _____ ESOL Level & Semesters: _____

Parent Notification Date: _____

Parent Attended Meeting: YES NO

Intervention Start Date: _____

Specific Area of Focus: Reading Writing Math Communication

Targeted Skill(s):

- _____
- _____
- _____

Description of the Intervention	Setting/Location	Time of Intervention	Person Responsible

Goal Statement – Expected Level of Progress:

_____ will improve his/her _____ at a rate of _____ per _____
(Student's Name) (Targeted Skill) (#) (Week/Month)

Parent/Guardian Assistance:

Your assistance can increase our success with your child. Listed here are some suggestions for activities that you can do at home that will benefit your child.

- 1. _____
- 2. _____
- 3. _____

These activities will help best if they take place at least _____ times a week, for about _____ minutes each time. These activities should not become a source of conflict between you and your child; they should be fun and provide enjoyment for your family.

Contact Person	Title	Telephone
----------------	-------	-----------

Signatures of Those Present at the Meeting:

Teacher: _____	Reading Leader: _____
Teacher: _____	Math Leader: _____
Parent/Guardian: _____	Behavioral Specialist: _____
Parent/Guardian: _____	School Psychologist: _____
ELL Teacher: _____	Social Worker: _____
Administrator/SST Coordinator: _____	Other: _____

Follow-Up Meeting Date: _____

To Be Completed at Follow-Up Meeting:

Tier 3 Response:

Documents:

- Tier 3 intervention determined valid and reliable
- Tier 3 data (graph) is attached and reviewed

Existing Tier 3 data indicates the following course of action should be taken (select one):

- Option A:** Student is making **positive** progress (increased rate of improvement and reduced level of risk). Team will consider removing all supplemental services, removing some supplemental service, or maintain the current level of supplemental service.
- Option B:** Student progress is **questionable** (minimal rate of improvement and no reduction of risk). Team will consider adjusting supplemental intervention(s) and/or secure consent to evaluate (FM# 4961). A **questionable** rate of progress also includes information suggesting an acceptable rate of improvement, but the effort to maintain the Tier 3 intervention is substantial and unsustainable in the general education setting.
- Option C:** Student progress is **poor** (decreased rate of improvement and increased level of risk). Team will consider adjusting supplemental intervention(s) and secure consent to evaluate (FM# 4961).

Date of subsequent SST Follow-Up (*if needed*): _____

Notes (to further explain the SST's course of action – *if needed*):

Signature:

Administrator – SST Coordinator

Miami-Dade County Public Schools
Division of Special Education
RtI/SST/PST Student Tier I and Tier II Data Profile

Student Name: _____	ID #: _____	DOB: _____
School: _____	Referral Source: _____	
Grade Level: _____	ESOL Level (If Applicable): _____	SPED (If Applicable): _____

Tier I Data

Initial risk/deficiency identification: How and when the student's need for intervention was identified

Area of risk/deficiency _____

Date of risk identification _____ Assessment _____ Assessment Date _____

Score/indicator _____ Average peer (grade) Tier I score _____

Parent notification of risk date _____ Method of parent notification _____

Instruction at Tier I

Tier I program _____ Minutes per day _____

Diagnostic small group focus (as indicated by FAIR data for reading, interim or program data for other areas) _____

Documentation of small group focus (include source, i.e. lesson plans, observations) _____

Diagnostic assessment data used to ID focus _____ Date of assessment _____

Progress monitoring data from Tier I prior to Tier II intervention (complete chart or attach graph)

Date of PM	Assessment	Student PM Score	Tier I Median

If using percentiles, consider 60% as the standard. If using other metrics, compare to the appropriate benchmark data.

Other pertinent data indication risk/deficiency _____

Tier I fidelity/effectiveness

Tier I problem solving protocol was reviewed and indicates regular documented (at least three times per year) problem solving and support of Tier I instruction.

Yes No Physical location of (Tier I PS form) documentation _____

Tier II Data

Details of Tier II intervention implementation, student response, and intervention fidelity

Intervention _____ Level (if applicable) _____

Start date _____ Sessions per week _____ Minutes per session _____

Data that was used to determine focus/level _____

Assessment and scores _____ Date _____

Duration of intervention in weeks _____ Total sessions attended _____

Supplemental activities/technology (describe focus and schedule)

Tier II intervention fidelity/effectiveness data

Tier II problem solving protocol was reviewed and indicates regular documented problem solving and support of Tier II intervention.

Yes No Physical location of (Tier II PS form) documentation _____

Ongoing progress monitoring data that indicates a need for Tier III intervention (or attach graph)*

PM/OPM Date	Assessment	Student PM/OPM Score	Tier II Avg./Med. PM/OPM/Score	PM/OPM Date	Assessment	Student PM/OPM Score	Tier II Avg./Med. PM/OPM Score

*For ongoing progress monitoring (OPM) of behavior use the Behavior Rating Scale Tier II form FM-7446.

Student Name: _____ ID#: _____ DOB: _____

School: _____ Grade: _____ Date: _____

Social/Emotional-Behavior Intervention Plan (SE-BIP) Student Profile Worksheet

<u>Setting Events</u>	<u>Antecedents/Triggers</u>	<u>Problem Behavior</u>	<u>Function</u>
<p>What events, places, or activities tend to be associated with the problem behavior? (Slow Trigger)</p> <ul style="list-style-type: none"><input type="checkbox"/> Lack of sleep<input type="checkbox"/> Illness<input type="checkbox"/> Physical pain<input type="checkbox"/> Hunger<input type="checkbox"/> Trouble at home<input type="checkbox"/> Multiple transitions<input type="checkbox"/> Fight/Conflict with peers<input type="checkbox"/> Noise/Distractions<input type="checkbox"/> Emotional state (please specify: anxiety, depression, sadness, boredom, loneliness)<input type="checkbox"/> Family issues<input type="checkbox"/> Gender identification<input type="checkbox"/> Living situation<input type="checkbox"/> Medication issues<input type="checkbox"/> DSM Diagnosis (Mental health diagnosis)<input type="checkbox"/> Substance abuse<input type="checkbox"/> Other: _____ <p>Past experiences which may affect behavior(s)</p> <ul style="list-style-type: none"><input type="checkbox"/> Failure<input type="checkbox"/> Rejection<input type="checkbox"/> Injury<input type="checkbox"/> Fear<input type="checkbox"/> Trauma<input type="checkbox"/> Other: _____ <p>Other issues before or outside of school</p> <input type="checkbox"/> _____ _____	<p>What appears to set off or precede the problem behavior? (0-3 seconds before behavior occurs)</p> <p>WHEN is the problem behavior most likely to occur?</p> <ul style="list-style-type: none"><input type="checkbox"/> Morning – approximate time(s) _____<input type="checkbox"/> Afternoon – approximate time(s) _____<input type="checkbox"/> Before/After school<input type="checkbox"/> Lunch/Recess<input type="checkbox"/> Time of day does not seem to affect this behavior <p>WHERE is the problem behavior most likely to occur?</p> <ul style="list-style-type: none"><input type="checkbox"/> Gen Ed classroom<input type="checkbox"/> ESE classroom<input type="checkbox"/> Hallways<input type="checkbox"/> Cafeteria<input type="checkbox"/> Other: _____ <p>During what SUBJECT/ACTIVITY is the problem behavior most likely to occur?</p> <p>Subject(s) _____</p> <ul style="list-style-type: none"><input type="checkbox"/> Unstructured activities<input type="checkbox"/> Individual/Independent activities<input type="checkbox"/> Group activities<input type="checkbox"/> With a partner<input type="checkbox"/> Seatwork<input type="checkbox"/> Lesson presentation<input type="checkbox"/> Task explanation<input type="checkbox"/> Pencil/paper<input type="checkbox"/> Require physical activity<input type="checkbox"/> Transition<input type="checkbox"/> Other: _____ <p>The PEOPLE that are present when the problem behavior is most likely to occur include:</p> <ul style="list-style-type: none"><input type="checkbox"/> Teacher /Staff<input type="checkbox"/> Classmates/other peers <p>Are there OTHER EVENTS or CONDITIONS that immediately precede the problem behavior?</p> <ul style="list-style-type: none"><input type="checkbox"/> A demand, request or directive<input type="checkbox"/> Redirection<input type="checkbox"/> Unexpected changes in schedule or routine/Interruption<input type="checkbox"/> Consequences imposed for behavior<input type="checkbox"/> Teacher/Adult denies request<input type="checkbox"/> Provocation from other students<input type="checkbox"/> Peer encouragement of negative behaviors<input type="checkbox"/> Unwanted attention<input type="checkbox"/> Other: _____	<p>What are the problem behaviors?</p> <ul style="list-style-type: none"><input type="checkbox"/> Talks out of turn/calls out<input type="checkbox"/> Noncompliant<input type="checkbox"/> Does not complete work<input type="checkbox"/> Disorganized<input type="checkbox"/> Unable to work independently<input type="checkbox"/> Unmotivated<input type="checkbox"/> Impulsive<input type="checkbox"/> Withdrawn<input type="checkbox"/> Anxious<input type="checkbox"/> Depressed<input type="checkbox"/> Unfocused<input type="checkbox"/> Poor coping skills<input type="checkbox"/> Off-task (daydreaming, inattentive)<input type="checkbox"/> Off-task (disruptive)<input type="checkbox"/> Verbally aggressive to adults<input type="checkbox"/> Verbally aggressive to peers<input type="checkbox"/> Disrespecting adults<input type="checkbox"/> Abusive/Inappropriate language<input type="checkbox"/> Provokes other students<input type="checkbox"/> Defiant to adults<input type="checkbox"/> Out of seat/area<input type="checkbox"/> Tardy<input type="checkbox"/> Truant<input type="checkbox"/> Physically aggressive to adults<input type="checkbox"/> Physically aggressive to peers<input type="checkbox"/> Self-injurious behaviors<input type="checkbox"/> Self-stimulating behaviors<input type="checkbox"/> Harassment/Teasing<input type="checkbox"/> Threat/Intimidation/Bullying<input type="checkbox"/> Property damage<input type="checkbox"/> Lying/Cheating/Forgery<input type="checkbox"/> Theft<input type="checkbox"/> Sexual harassment<input type="checkbox"/> Sexual offense<input type="checkbox"/> Use/Possession of tobacco<input type="checkbox"/> Use/Possession of alcohol<input type="checkbox"/> Use/Possession of drugs<input type="checkbox"/> Use/Possession of weapons<input type="checkbox"/> Use/Possession of combustible substance<input type="checkbox"/> Bomb threat/False alarm<input type="checkbox"/> Arson<input type="checkbox"/> Other: _____	<p>What “payoff” does the student obtain from the problem behavior?</p> <p>The student GAINS:</p> <ul style="list-style-type: none"><input type="checkbox"/> Teacher/adult attention<input type="checkbox"/> Peer attention<input type="checkbox"/> Tangible<input type="checkbox"/> Access to task<input type="checkbox"/> Access to other<input type="checkbox"/> Sensory feedback<input type="checkbox"/> Tactile (rubbing, scratching)<input type="checkbox"/> Auditory (humming, singing)<input type="checkbox"/> Movement (tapping, fidgeting)<input type="checkbox"/> Other: _____ <p>The student AVOIDS or ESCAPES</p> <ul style="list-style-type: none"><input type="checkbox"/> Teacher demands<input type="checkbox"/> Teacher reprimands<input type="checkbox"/> Teacher correction<input type="checkbox"/> Peer/social contact<input type="checkbox"/> Non-preferred activities, task or setting<input type="checkbox"/> A difficult task<input type="checkbox"/> Frustrating situation<input type="checkbox"/> Adults (attention)<input type="checkbox"/> Peers (attention)<input type="checkbox"/> Anxiety (thoughts/feelings)<input type="checkbox"/> Depression (thoughts/feelings)<input type="checkbox"/> Embarrassment (thoughts/feelings)<input type="checkbox"/> Humiliation (thoughts/feelings)<input type="checkbox"/> Loneliness (thoughts/feelings)<input type="checkbox"/> Anger (thoughts/feelings)<input type="checkbox"/> Sadness (thoughts/feelings)<input type="checkbox"/> Confusion (thoughts/feelings)<input type="checkbox"/> Boredom (thoughts/feelings)<input type="checkbox"/> Temperature (sensations ... too hot or cold)<input type="checkbox"/> Noise (sensations ... too quiet or loud)<input type="checkbox"/> Crowded spaces (sensations ... too empty or full)<input type="checkbox"/> Lighting (sensations ... too dim or bright)<input type="checkbox"/> Movement (sensations ... too still or busy)<input type="checkbox"/> Other: _____

Student Name: _____ ID#: _____ DOB: _____

School: _____ Grade: _____ Date: _____

Social/Emotional-Behavior Intervention Plan (SE-BIP)

Problem Behavior and Replacement Statements

Problem Behavior Statement: Considering all the FBA data collected, and the Student Profile Worksheet analysis, identify **ONE BEHAVIOR or SOCIAL/EMOTIONAL CONCERN** to be targeted for intervention.

Problem Behavior: What is the student doing?

Problem behavior is clearly defined such that it is measurable, can be identified by two or more observers, and can be identified across time and in different settings or contexts.

Replacement Behavior: What we want the student to do...

Replacement behavior is clearly defined such that it is measurable, can be identified by two or more observers, and can be identified across time and in different settings or contexts.

The Function of the Problem Behavior has been determined to be: Check one

To Get

To Avoid/Escape

Student Name: _____ ID#: _____ DOB: _____

School: _____ Grade: _____ Date: _____

Social/Emotional-Behavior Intervention Plan (SE-BIP)

Proactive Interventions

Directions: Check **one or two** appropriate intervention(s). Ensure that the chosen intervention(s) match the function of the problem behavior.

Q What environmental adjustments and/or teacher behaviors will be attempted to make the problem behavior less likely to occur?

- P-1 Preferential seating
- P-2 Encourage positive peer connections
- P-3 Contract for grades
- P-4 Daily/Weekly progress report
- P-5 Establish teacher/parent communication system
- P-6 Frequent monitoring and redirection by teacher
- P-7 Establish a personal connection with student
- P-8 Choice making
- P-9 Curricular adjustments
- P-10 Encourage participation in extracurricular activities
- P-11 Provide guidance prior to independent work
- P-12 Follow-up to ensure student understanding of task/request
- P-13 Schedule adjustment (e.g. classes, transition times)
- P-14 Give student an opportunity to mentor/tutor a peer
- P-15 Increase frequency of task related recognition
- P-16 Allow student to use quiet time/space
- P-17 Identify appropriate settings for behavior(s)
- P-18 Visual schedule
- P-19 Environmental changes (lighting, furniture, sound sources)
- P-20 Provide access to student support personnel (e.g. SSW, TRUST)
- P-21 Other:

Consider adjustments to when and where the problem behavior is likely to occur; in addition, consider adjustments to subject/activity or the people present when the problem behavior is most likely to occur.

Describe interventions in detail:

Student Name: _____ ID#: _____ DOB: _____

School: _____ Grade: _____ Date: _____

Social/Emotional-Behavior Intervention Plan (SE-BIP)

Educative Interventions

Directions: Check **one or two** appropriate intervention(s). Ensure that the chosen intervention(s) match the function of the problem behavior and/or social/emotional concern.

Q What new behaviors/strategies will be taught to replace the problematic behavior and/or social/emotional concern?

- E-1 Teach rules/expectations prior to activity
- E-2 Have student repeat rules/expectations prior to transitions
- E-3 Develop monitoring checklist for teacher/student use
- E-4 Teach and model appropriate communication skills
- E-5 Provide opportunities to practice communication and social skills
- E-6 Teach coping skills (asking for time out, relaxation when frustrated)
- E-7 Teach positive self-talk
- E-8 Remediation in specific academic areas
- E-9 Perform Task Analysis: break down and concretize steps for success
- E-10 Use student's personal interests to increase motivation
(e.g., If a student likes fishing, reading tasks can be related)
- E-11 Teach alternative behaviors for sensory feedback
- E-12 Teach anger management/problem-solving skills
- E-13 Teach behavioral self-control
- E-14 Social stories/comic book conversations
- E-15 Teach breathing techniques
- E-16 Other:

What skills will the student need to be taught in order to successfully demonstrate the replacement behavior? When? Who will teach? How will skills be taught/monitored across settings?

Describe interventions in detail:

Student Name: _____ ID#: _____ DOB: _____

School: _____ Grade: _____ Date: _____

Social/Emotional-Behavior Intervention Plan (SE-BIP)

Functional Interventions

Directions: Check **one or two** appropriate intervention(s). Ensure that the chosen intervention(s) match the function of the problem behavior

Q How will consequences be managed to ensure the student receives reinforcement for the replacement behavior?

- F-1 Use preferred activities as reinforcer
- F-2 Personally greet the student upon arrival to class
- F-3 Spend individual time with the student
- F-4 Increase frequency of positive reinforcement
- F-5 Use tangible and/or non-tangible rewards
- F-6 Develop a written behavior contract
- F-7 Assign classroom responsibility that allows student recognition
- F-8 Chart daily successes and review often with student
- F-9 Recognize small steps approximating the desired behavior
- F-10 Ignore undesirable behaviors
- F-11 Reward competing behaviors
- F-12 Student self-monitoring of progress
- F-13 Acknowledge use of replacement behaviors
- F-14 Establish logical sequences and inform students in advance
- F-15 Give encouragement for effort to display appropriate behavior
- F-16 Use of positive referrals
- F-17 Use classroom reinforcers for individual student accomplishments
- F-18 Call home to share news of student effort/success
- F-19 Use school-wide vehicles for recognition
- F-20 Other:

What will be done to *increase* the occurrence of the replacement behavior?

Describe interventions in detail:

Student Name: _____ ID#: _____ DOB: _____

School: _____ Grade: _____ Date: _____

Social/Emotional-Behavior Intervention Plan (SE-BIP)

Crisis Management Plan (CMP)

Directions: Please check ONE option and describe in detail.

- Please provide a detailed description of your crisis management procedures when the need for de-escalating student behavior is required.

- Please provide a detailed description of your crisis management procedures when the need for de-escalating student behavior is required for behaviors that may lead to **the use of Physical Restraint Procedures. Physical Restraint Procedures may be used if student presents a danger to self and/or others. This option should only be considered for students receiving special education services.**

Student Name: _____ ID#: _____ DOB: _____

School: _____ Grade: _____ Date: _____

Social/Emotional-Behavior Intervention Plan (SE-BIP)

Training, Implementation and Monitoring

Training:

Are trainings/resources needed to implement the SE-BIP? Yes No

If yes, who will be responsible for providing the training(s)/resource(s) to implement the SE-BIP? _____

Monitoring:

What method of data collection will be used to track progress?

- | | | |
|--|--|---|
| <input type="checkbox"/> Frequency | <input type="checkbox"/> Duration | <input type="checkbox"/> Latency |
| <input type="checkbox"/> Student Interview | <input type="checkbox"/> Behavior Rating Scale | <input type="checkbox"/> Problem Behavior Questionnaire |

Other: _____

Person(s) responsible for monitoring implementation of the SE-BIP? _____

Person(s) responsible for collecting data? _____

SE-BIP Initiation Date: _____

Signature and Title of Persons Attending Meeting

_____	_____
_____	_____
_____	_____
_____	_____

Student Name: _____ ID#: _____ DOB: _____

School: _____ Grade: _____ Date: _____

Social/Emotional-Behavior Intervention Plan (SE-BIP)

Progress Monitoring Plan (Evidence of data to support actions taken must be filed in FBA folder)

First Quarter	Second Quarter
<p>Review Date: _____</p> <p>Reviewers Name _____</p> <p>Analysis of data shows:</p> <p><input type="checkbox"/> Desired decrease in problem behavior <input type="checkbox"/> Desired increase in replacement behavior</p> <p><input type="checkbox"/> Undesired increase in problem behavior <input type="checkbox"/> Undesired decrease in replacement behavior</p> <p>Action to be taken: <input type="checkbox"/> Continue <input type="checkbox"/> Modify <input type="checkbox"/> Discontinue</p> <p>Reason for Action: _____</p> <p>_____</p> <p>_____</p>	<p>Review Date: _____</p> <p>Reviewers Name _____</p> <p>Analysis of data shows:</p> <p><input type="checkbox"/> Desired decrease in problem behavior <input type="checkbox"/> Desired increase in replacement behavior</p> <p><input type="checkbox"/> Undesired increase in problem behavior <input type="checkbox"/> Undesired decrease in replacement behavior</p> <p>Action to be taken: <input type="checkbox"/> Continue <input type="checkbox"/> Modify <input type="checkbox"/> Discontinue</p> <p>Reason for Action: _____</p> <p>_____</p> <p>_____</p>
Third Quarter	Fourth Quarter
<p>Review Date: _____</p> <p>Reviewers Name _____</p> <p>Analysis of data shows:</p> <p><input type="checkbox"/> Desired decrease in problem behavior <input type="checkbox"/> Desired increase in replacement behavior</p> <p><input type="checkbox"/> Undesired increase in problem behavior <input type="checkbox"/> Undesired decrease in replacement behavior</p> <p>Action to be taken: <input type="checkbox"/> Continue <input type="checkbox"/> Modify <input type="checkbox"/> Discontinue</p> <p>Reason for Action: _____</p> <p>_____</p> <p>_____</p>	<p>Review Date: _____</p> <p>Reviewers Name _____</p> <p>Analysis of data shows:</p> <p><input type="checkbox"/> Desired decrease in problem behavior <input type="checkbox"/> Desired increase in replacement behavior</p> <p><input type="checkbox"/> Undesired increase in problem behavior <input type="checkbox"/> Undesired decrease in replacement behavior</p> <p>Action to be taken: <input type="checkbox"/> Continue <input type="checkbox"/> Modify <input type="checkbox"/> Discontinue</p> <p>Reason for Action: _____</p> <p>_____</p> <p>_____</p>



Structured Interview: Functional Behavior Assessment (FBA)

Date: _____

Name of Student: (Last, First) _____ ID#: _____

School: _____ Grade: _____

Name of Interviewer: _____ Title: _____

Name of team members in attendance: _____

Antecedent

1. What seems to trigger the problem behavior?

2. Under what conditions, situations or activities is the problem behavior most likely to occur?

Behavior

3. What is/are the problem behavior(s)? Describe each.

4. Of these behaviors, which is the most concerning? Prioritize.

5. Describe the range of intensity of the problem behavior and the extent to which it impacts others?

6. Does the problem behavior occur repetitively?

Consequence

7. What normally occurs following the problem behavior?

8. Does the student's problem behavior allow him/her to attain something? If so, explain.

9. Does the student's problem behavior allow him/her to avoid something? If so, explain.

10. How do you and others respond to the student's problem behavior?

Structured Interview: Functional Behavior Assessment (FBA)

Alternative Behavior

11. What appropriate behavior should the student be exhibiting instead of the problem behavior?

12. Has the student exhibited that appropriate behavior?

13. How do you and others respond to the student's appropriate behavior?

Other Student Indicators

14. Does the student withdraw from classroom or social activities?

15. Can the student report what are his/her area(s) of concern?

16. Has the student been affected by a traumatic experience? If so, specify.

- | | |
|--|--|
| <input type="checkbox"/> Environmental (e.g. victim of crime,
experienced natural disaster, homeless) | <input type="checkbox"/> Domestic violence |
| <input type="checkbox"/> Loss of a parent/family member | <input type="checkbox"/> Other: _____ |

17. Does the student have a medical or physical condition that includes known social features?

18. Does the student demonstrate a lack confidence or motivation? If yes, how is this apparent?

19. Is there any other information that is important in considering this student's behavior? Explain.

Structured Interview: Functional Behavior Assessment (FBA)

Action Plan Data Collection

To pinpoint the function of the targeted behavior(s) and establish baseline information, specific data must be collected that captures the reason for the behavior, the frequency, time, duration, and/or its latency. Include a minimum of two (2) data collection tools that will be used to monitor the behavior.

Data Collection Tool	Staff Assigned to Gather Data	Setting	Notes

Follow up meeting is scheduled for (Date/Time/Place): _____

Data Collection tools that may be considered:

Latency FM# 6656
 Duration FM# 6657
 Frequency FM# 6658
 Time Sampling FM# 6662
 Other Data (attendance, grades, SCMS)

Student Interview FM# 6665
 ABC Analysis Form FM# 6659
 Behavior Rating Scale FM# 7448
 Problem Behavior Questionnaire FM# 7678



M-DCPS Student ID information Packet 2022-23

Please fill out this form and submit the additional requested information below.

1. Last, First, and Middle Name of child: _____
2. Date of Birth: _____
3. Grade Level (**Current**): _____
4. Date Entered Kindergarten for the 1st Time (Public or Private school) School: _____
5. Gender: _____ Ethnicity: _____
6. Current School Child Attends: _____
7. Parents Name & Relationship to the Student: _____
8. Residential Address: _____
9. Phone: _____
10. Scanned Copy of the Birth Certificate: **ATTACHED PDF WITH E-MAIL** _____
11. Scanned FPL bill or Lease Agreement: **ATTACHED PDF WITH E-MAIL** _____
12. Scanned Copy of Parent's Driver's License: **ATTACHED PDF WITH E-MAIL** _____
13. Email Address: _____

If you have any questions be please contact the M-DCPS IDEA Private Schools Obligations Office

(305) 274-8889