

REQUIREMENTS FOR INITIATING A REQUEST FOR BEHAVIOR INTERVENTION PROGRAM CONSIDERATION

- School identifies student with behavioral concerns
(Common data sources BASIS indicators, teacher discipline referrals, suspensions, PROMISE assignments, BTA and/or behavior observations)
If the student is in foster care, contact the Foster Care program at 754-321-1565
If the student is homeless, contact the HEART program at 754-321-1566
- School refers student to Collaborative Problem-Solving team (CPST)
 - Completes BASIS Response to Intervention (RtI) forms: CPS behavior referral, Initial Meeting Notes, Behavior Intervention Records Tier 2 and/or FBA/PBIP and progress monitoring form(s)
 - Implements behavioral strategies, supports and interventions and documents RtI implementation in BASIS RtI
 - Uploads data collection e.g. frequency charts, ABC logs and other relevant behavior forms in BASIS RtI supporting documentation tab
 - Inform and engage parent or guardian throughout the process
- School informs parent and/or guardian of recommendation for BIC consideration and referral
- School conducts a Functional Behavioral Assessment (FBA) and creates a Positive Behavior Intervention Plans (PBIP), FBA/PBIP must be documented in BASIS RtI
 - School collects PBIP progress monitoring data for a minimum of six weeks and graphically illustrates a minimum six data points, PBIP must be documented in BASIS RtI with supporting evidence
- School's CPS team consults with District MTSS Instructional Facilitator and/or Positive Behavior Intervention Specialists administrator to assist with interventions, supports and/or submitting a request to the BIC for consideration
 - School completes BIC referral packet and all required components, email documents to BehaviorInterventionPacket@browardschools.com
 - See BIC Request Checklist and complete all components

BEHAVIOR INTERVENTION PROGRAM Traditional and Transitional Referral Criteria Checklist

Traditional and Transitional Referral Criteria Checklist	
	<ul style="list-style-type: none"> ▪ BIC Request for Consideration Form K – 12 <ul style="list-style-type: none"> ▪ (include copy in packet)
	<ul style="list-style-type: none"> ▪ Evidence of parent notification (parent signature is not required for approval) <ul style="list-style-type: none"> ○ Signed BIC Request Form (Principal) ○ Documentation indicating parent was informed (if parent did not sign BIC request form, explanation is required) (include copy in packet)
	<ul style="list-style-type: none"> ▪ Signed principal letter (outlining the reasons for the request, delineate the strategies, interventions and supports implemented to address the areas of concern) (include copy in packet)
	<ul style="list-style-type: none"> ▪ Collaborative Problem-Solving Team Review Form (Grades 6 – 12) (include copy in packet)
	<ul style="list-style-type: none"> ▪ Psychosocial evaluation (K-12 required) (addendum may be added if completed within the past (24) twenty-four months) (include copy in packet)
	<ul style="list-style-type: none"> ▪ Psychological evaluation (completed within the past (3) three years) (K-5 required; 6-12 if recommended by collaborative problem-solving team) <ul style="list-style-type: none"> ○ Pending psychological evaluation; signed consent form recorded in ED Plan, Eligibility and IEP staffing must be staffed prior to submission (include copy in packet)
	<ul style="list-style-type: none"> ▪ Individualized Education Plan (IEP) must be current (include copy in packet) (include statement delineate the accommodations, strategies, interventions and supports implemented to address the ESE areas of concern)
	<ul style="list-style-type: none"> ▪ Signed IEP approval letter from ESL Director or designee (excluding gifted) (include copy in packet)
	<ul style="list-style-type: none"> ▪ Functional Behavioral Assessment (FBA) and Positive Behavior Intervention Plans (PBIP) in BASIS RtI or ED Plan (PBIP minimum 6 weeks of implementation) (include copy in packet)
	<ul style="list-style-type: none"> ▪ Behavioral Threat Assessment, if applicable (committee will review online)
	<ul style="list-style-type: none"> ▪ Crisis Support and/or Safety Plan, if applicable (include copy in packet)
	<ul style="list-style-type: none"> ▪ RtI strategies, supports and interventions recorded in BASIS RtI from initial concern to present (committee will review online)
	<ul style="list-style-type: none"> ▪ TERMS panels (A03, A06, A07, A10, A13, A15, A21, A23, A24, L27) (committee will review online)
	<ul style="list-style-type: none"> ▪ Other relevant information e.g. outside agency support, counseling, mentors, extra-curricular clubs/activities (include copy in packet)

Submit documentation in the order listed above. If documentation is incomplete the request will be returned to the school for completion.

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
Behavior Intervention Program Request Form K - 12

Current School:	Principal:	Date:				
Student Name:	D/O/B:	Grade:				
Student Number:	Race:	Gender:				
Special Programs:	ESE	504	Gifted	Homeless	Foster Care	Other
Parent/Guardian:	Phone:	Email:				
Address:						
City:	State:	Zip Code:				

As explained in the principal/administrator letter, I am hereby requesting a review of the data, evidence and incidents for the above-named student and consideration for a Behavior Intervention Program option.

Principal Signature:	Date:
Print:	
District/School Contact Signature:	Date:
Print Name/Title:	
District/School Contact Signature:	Date:
Print Name/Title:	

As the parent/guardian of the above-named student, I am aware that the school is considering my child be assigned to a Behavior Intervention Program or other educational option. My signature indicates that I understand the process, and I am aware that the assignment, if made, is INVOLUNTARY.

Parent/Guardian Signature:	Date:
Print Parent/Guardian Name:	

If parent or guardian did not sign, explain and include any relevant communication information.

The Behavior Intervention Program Request Form and all components are required for consideration and approval. Incomplete request will be returned.

See Behavior Intervention Committee Request Checklist.

**THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
Collaborative Problem-Solving Team Review Form (Grades 6 – 12)**

Current School:	Principal:	Date:				
Student Name:	D/O/B:	Grade:				
Student Number:	Race:	Gender:				
Special Programs:	ESE	504	Gifted	Homeless	Foster Care	Other
Parent/Guardian:	Phone:	Email:				
Address:						
City:	State:	Zip Code:				

The school-based collaborative problem-solving team must conduct a comprehensive review of the student's historical and contextual academic, behavioral, social emotional, mental, physical, community functioning and performance.

Secondary school-based teams must indicate the rationale for conducting or not conducting an individualized evaluation. Summarize findings and rationale below.

Meeting Attendees:

Name:	Title:	Initials:	Date:
Name:	Title:	Initials:	Date:
Name:	Title:	Initials:	Date:
Name:	Title:	Initials:	Date:
Name:	Title:	Initials:	Date:
Name:	Title:	Initials:	Date:
Name:	Title:	Initials:	Date:

Suggested members: Psychologist, Social Worker, Schools Counselor and MTSS Instructional Facilitator and/or Positive Behavior Interventions and Supports Specialist.

Secondary Only:

Recommended an Individualized Evaluation

Declined to recommend an individualized Evaluation

Principal Signature:	Date:
----------------------	-------