**Student Hearing and Placement Department**

**(SHPD-F002)**

**Behavior Intervention Checklist**

**(Check One)**

**Behavior Review/Violation of Contract**  **SARB**

**Pre Expulsion/Expulsion**  **SARB Violation of Contract**

**DOCUMENTATION MUST BE PROVIDED**

|  |  |  |
| --- | --- | --- |
| School Site: | Student Number: | Grade: |
| Student Name: | Ethnicity: | DOB: |
| Date Completed: |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Referral to Student Study Team/ Student Success Team at school site: | Date: |  |
|  | 504 Plan: | Date: |  |
|  | Special Education – Manifestation Determination Meeting: | Date: |  |
|  | Special Education – Positive Behavior Support Plan:  or | Date: |  |
|  | Special Education – Functional Analysis: | Date: |  |
|  | Special Education – Current IEP (12 months): | Date: |  |

**Other Student Support Strategies (may not be available at all sites)**

**At least 5 interventions should be checked and verified with ATTACHED DOCUMENTATION.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Behavior Review/ District Behavior Contract |  | SARB (School Attendance Review Board) |
|  | Character Education |  | Date of SARB: |
| Conference: | |  | SART (Student Attendance Review Team) |
|  | Parent |  | Date of SART: |
|  | Student |  | Referral to Community Resources |
|  | Conflict Resolution |  | Saturday School |
|  | Counseling |  | Shortened Day |
|  | Extended Day |  | Site Level Behavior contract |
| Detention: | | Suspension: | |
|  | Morning |  | In-House |
|  | Lunch |  | Principal |
|  | After School |  | Teacher |
| Healthy Start: | |  | Loss of Recess (elementary) |
|  | Date referred |  | Transfer Classes |
|  | Home Visit(s) |  | Voluntary Short Term Independent Study |
|  | Alternative Placement |  | Other: |
|  | Mentoring |  |  |
|  | Parent attend portion of school day |  |