



**Student Hearing and Placement Department
(SHPD-F002)**

Intervention Checklist

(Check one)

- | | |
|--|---|
| <input type="checkbox"/> Behavior Review/Violation of Contract | <input type="checkbox"/> SARB |
| <input type="checkbox"/> Pre Expulsion/Expulsion | <input type="checkbox"/> SARB Violation of Contract |
| <input type="checkbox"/> SARB and Behavior | |

DOCUMENTATION MUST BE PROVIDED

School Site: _____ Student Number: _____
 Student Name: _____ Grade: blank Ethnicity: blank DOB: _____
 Date Completed: _____ (select drop down grade) (select drop down ethnicity)

- | | |
|---|-------------|
| <input type="checkbox"/> Referral to School Study Team (Student Success Team) at school site: | Date: _____ |
| <input type="checkbox"/> 504 Plan: | Date: _____ |
| <input type="checkbox"/> Special Education - Manifestation Determination Meeting: | Date: _____ |
| <input type="checkbox"/> Special Education - Positive Behavior Support Plan: | Date: _____ |
| or | |
| <input type="checkbox"/> Special Education - Functional Analysis: | Date: _____ |
| <input type="checkbox"/> Special Education - Current IEP (12 months): | Date: _____ |

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

At least 5 interventions must be checked and verified with attached documentation.

<input type="checkbox"/> Behavior Review	<input type="checkbox"/> SARB (School Attendance Review Board): <u>date of SARB</u>
<input type="checkbox"/> Character Education	<input type="checkbox"/> SART (Student Attendance Review Team): <u>date of SART</u>
Conference:	<input type="checkbox"/> Referrals to Community Agency: <u>name of agency</u>
<input type="checkbox"/> Parent	<input type="checkbox"/> Referral to Community Resources: <u>where referred</u>
<input type="checkbox"/> Student	<input type="checkbox"/> Saturday School
<input type="checkbox"/> Conflict Resolution	<input type="checkbox"/> Shortened Day
<input type="checkbox"/> Counseling:	<input type="checkbox"/> Site Level Behavior Contract
Agency: _____	Suspension:
Date referred: _____	<input type="checkbox"/> In-House
<input type="checkbox"/> Extended Day	<input type="checkbox"/> Principal
Detention:	<input type="checkbox"/> Teacher
<input type="checkbox"/> Morning	<input type="checkbox"/> Time Out Buddies; loss of recess (elementary)
<input type="checkbox"/> Lunch	<input type="checkbox"/> Transfer Classes
<input type="checkbox"/> After-School	<input type="checkbox"/> Voluntary Short Term Independent Study
Healthy Start:	Other: _____
Date referred _____	
<input type="checkbox"/> Home Visit(s)	
<input type="checkbox"/> Involuntary Placement	
<input type="checkbox"/> Mentoring	
<input type="checkbox"/> Parent attend portion of school day	
<input type="checkbox"/> Peer Court	