

### **Section 3 - Program Review**

The primary purpose of a program review is to provide students with the skills necessary to be successful in a regular school program. The focus of the Program Review is remediation. Therefore, the length of stay in the program is individualized according to each student's unique needs. This voluntary transfer request is initiated by the principal and presented to the Designee after the student and parents/guardians have agreed.

- Procedures
- Chronic disruption (Includes discipline log and school-based interventions)
- Transfers: entrance/exit procedures related to Alternative Centers
- The Alternative Middle School Program
- The Alternative High School Program
- Checklist of reported items required for program review
- Home school summary sheet
- Student grade report
- Role of the Pupil Personnel Worker
- Case management sheet

## **CHRONIC DISRUPTION FOR PROGRAM REVIEW PROCEDURES**

When schools are considering action (Program Review) for chronic disruptive behavior, the following intervention strategies must be completed and documented:

- Maintain a historic, annotated dated record of misbehaviors and actions taken, to include but not be limited to:
  - Required parent conference
  - Teacher/parent conferences
  - Guidance referrals
  - Time-out room referrals (where appropriate)
  - In-school suspensions
  - Local school suspensions
  - Saturday school assignment (where appropriate)
  - Peer counseling (where appropriate)
  - Mentoring (where appropriate)
  - Other interventions
  
- Referral to the pupil personnel worker
- Referral to Student Support Team or IEP Team (include recommendations and/or minutes)
- Positive Behavior Plan based on a Functional Behavioral Assessment
- Referral for alternative schools support - consultation with alternative school principal regarding possible placement
- Referral to the Superintendent's Designee with all of the above completed prior to the referral.

## TRANSFER OF STUDENTS TO AN ALTERNATIVE CENTER

A student transfer to an alternative center is to be used as an additional intervention strategy. The process for transferring a student to an alternative center is similar to the process used in Board suspension proceedings; however, a student is advantaged by a transfer into the program because it allows him/her to avoid having an expulsion on his/her school record. It also allows a student a more timely access to an alternative program.

It is important to note, however, that the ultimate goal of alternative center personnel is to teach students social and behavioral skills needed to succeed in a regular school program. Alternative centers operate as annexes to students' home schools with the aim of returning students to the home school after a reasonable period of intervention has taken place. (Prior consultation with alternative programs is required.)

NOTE: Students with Special Education/504 Plans:

Referring schools are reminded to consider least-restrictive guidelines, mainstreaming opportunities, and IEP 504 Plan components prior to proposing that students with either plan are transferred to an alternative center. An IEP/SST Team meeting must be conducted at the home school, *with an alternative school representative present*. The IEP/SST Team must suggest an alternative center placement, and parents/guardians must be in agreement with an alternative placement before a transfer request for any special education student or any student with a 504 Plan is reviewed by a Superintendent's Designee.

To transfer a student from a regular school into an alternative center, home school staff must adhere to the following procedural sequence:

1. The staff at the home school will implement a series of interventions designed to help the student meet success prior to referral to the Superintendent's Designee.
  - Must have PPW involvement
  - Must have a Student Services or IEP Team
  - Must develop, implement, and evaluate a Functional Behavior Assessment and Positive Behavior Plan
  - Must consult with Alternative School
2. If the student still does not meet with success, home school personnel should schedule a meeting with their respective Superintendent's Designee. This meeting will be called a Program Review and will be conducted in the Designee's office.
3. Prior to the scheduled Program Review, five copies of the information packet should be submitted to the Superintendent's Designee and one additional copy should be submitted to the pupil personnel worker. The packet should contain all the items listed on the Program Review Checklist for alternative centers forms (*see page 8*). *Note Distribution – 1. original; 2. alternative program; 3. parent; 4. PPW; 5. school copy.*
4. It is the home school's responsibility to develop a verbal consent and agreement with student/parent/guardian for a transfer to an alternative program prior to meeting with the

Superintendent's Designee. The lack of an agreement from the student/or parent/guardian will prevent the transfer from being considered. The Superintendent's Designee will make arrangements for a conference with the student, parent/guardian, and appropriate school personnel (i.e. administrator, counselor, team leader, etc.).

5. At the Program Review, the Superintendent's Designee may decide to admit the student to an alternative center, deny admission to an alternative center, seek additional information before making a decision, or make another recommendation.

If a student is accepted into an alternative center, one copy of the student information packet will be forwarded to the student's respective alternative center. Alternative center personnel will then schedule an intake conference for the student as soon as possible after the program review meeting. At the intake conference, the student, the parent/guardian, alternative center personnel, and the case manager (home school PPW) will develop goals for the student.

6. Students transferring into the alternative center should be transferred from the home school; use Code 21.

We fully realize that these transfer procedures require a great deal of documentation. Please keep in mind, however, that this provides alternative center personnel with the valuable information needed to plan an intake conference; to set social, emotional, and academic goals for the incoming student; and to plan an appropriate instructional and counseling program for an incoming student. Moreover, this important background information allows the Superintendent's Designee to make informed decisions in the best interest of students.

7. Assist with transition needs of the student.
8. Provide follow-up services to the student when he or she returns to the home school.

## OVERVIEW ALTERNATIVE PROGRAMS

The primary purpose of the alternative school program is to enhance students' behavior, social skills, and emotional health so that they may return to and succeed in a regular school environment or successfully move on to the world of work. The focus is on social/behavior skill development and academic skills remediation rather than punishment; therefore, the length of time spent in an alternative setting will be individualized according to each student's unique needs.

Students enrolled in an alternative school may expect to:

- Develop academic and/or vocational skills
- Improve their self concepts
- Build teamwork skills
- Change self-defeating behaviors
- Experience success in school.

Participants in alternative schools will experience a warm, invitational, accepting, and familial environment through involvement in:

- Outdoor education
- Academic instruction
- Student service learning
- Career exploration
- Social skill development
- Conflict resolution instruction
- Anger control and problem-solving training.

### REGISTRATION

Students must register by calling the appropriate alternative school for an appointment. Alternative schools are listed below:

	<b>CENTER</b>	<b>PRINCIPAL</b>	<b>PHONE</b>	<b>FAX</b>
<u>High Schools</u>				
	Catonsville Center for Alternative Studies	Judith H. Edgar	410-887-0934	410-747-1789
	Rosedale Center for Alternative Studies	Sherrilyn Backof	410-887-0133	410-887-0473
<u>Middle Schools</u>				
	Meadowood Education Center	Anthony Thompson	410-887-6888	410-887-6889
	Rosedale Alternative Middle Center	Sherrilyn Backof	410-887-6393	410-887-6410

# ALTERNATIVE HIGH SCHOOL

<p>The Alternative High School Programs provide educational and therapeutic services to students who have demonstrated an inability to perform successfully in their home school.</p> <p>The goal of the program is to assist students in developing the skills necessary to return to a regular program and be successful. Schools are located in Rosedale, Catonsville, and Meadowood.</p> <p><b>PRIVILEGES</b></p> <p>Privileges are special incentives students can purchase with bonus points earned for outstanding behavior and decision making. Some examples of privileges are as follows: shopping at the school store, computer time, outside time, lunch with a friend, and field trips.</p> <p><b>ACADEMIC OFFERINGS</b></p> <p>The academic curriculum follows the outcomes and indicators of the Baltimore County Public Schools. The mission is to provide students with the opportunity to complete a high school diploma by taking high school credits. Alternative approaches to instruction are used to meet individual needs.</p>	<p><b>BEHAVIOR MODIFICATION PROGRAM</b></p> <p>The behavior modification program is designed to move students through designated levels, each carrying specific requirements, responsibilities, and privileges. As a student progresses from the entry level to the exit level, responsibilities increase, as do the privileges. It is possible for a student to work back to the home school in approximately one marking term. Some students may take longer, but the focus will always be on progress and ultimately the successful completion of the program and the return to the home school.</p> <p><b>LEVELS</b></p> <ul style="list-style-type: none"><li>• Level IV           Orientation/Entry</li><li>• Level III           Improvement</li><li>• Level II           Transition</li><li>• Level I           Exit</li></ul> <p><b>POSITIVE REINFORCEMENT REPORT</b></p> <p>The primary goal of the behavior management system is to teach appropriate school behavior. The positive reinforcement (PR) report is a means of providing positive feedback to students and parents concerning appropriate behavior. Students earn one or two points for each expected behavior during designated periods. Bonus points may be assigned to the student by any school staff member for demonstrating behavior above and beyond the expected behavior. Each student is assigned a mentor who assists students with individual and behavior goals.</p>	<p><b>THERAPEUTIC SERVICES</b></p> <p>An array of therapeutic services is offered by a team comprised of guidance counselors, a school psychologist, a social worker, a substance abuse counselor and one crisis intervention teacher.</p> <p>Interventions include conflict resolution instructing anger management training, time out, peer mediation, individual counseling, selected group sessions, daily guidance classes, substance abuse counseling and education, parent assistance meetings, liaison connections with community resources, and assistance in obtaining outside services.</p> <p>The focus is on developing self-discipline for the student and the appropriate behavioral responses.</p> <p><b>BEHAVIOR</b></p> <p>Students are expected to follow the rules set down in the <i>Student Handbook</i>. Inappropriate behavior is dealt with accordingly.</p> <p><b>TRANSPORTATION</b></p> <p>Bus service is arranged for each student through the Department of Transportation. Bus stops are at elementary schools. It is the parent's responsibility to see that the child is at the bus stop at the appropriate time. Proper student behavior is expected since it is a privilege to ride the bus. Bonus points are given for good bus behavior.</p>
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# ALTERNATIVE MIDDLE SCHOOL

<p>The Alternative Middle School Programs provide educational and therapeutic services to students who have demonstrated difficulty performing successfully in their home school.</p> <p>The goal of the program is to assist students in developing the skills necessary to return to a regular program and be successful.</p> <p><b>PRIVILEGES</b></p> <p>Privileges are special incentives students can purchase with bonus points earned for outstanding behavior and decision making. Some examples of privileges are as follows: shopping at the school store, computer time, outside time, lunch with a friend, and the alternative school café.</p> <p><b>ACADEMIC OFFERINGS</b></p> <p>The academic curriculum follows the outcomes and indicators of the Baltimore County Public Schools. Instruction in English, Math, Science, Social Studies, Art, and Elective is thematic and hands on. Class membership is multi-graded.</p>	<p><b>BEHAVIOR MODIFICATION PROGRAM</b></p> <p>The focus is on progress and ultimately the student's successful return to the home school. The length of stay is dependent on time spent in the program coupled with the student's progress.</p> <p><b>LEVELS</b></p> <ul style="list-style-type: none"><li>• Level IV           Orientation/Entry</li><li>• Level III           Improvement</li><li>• Level II            Transition</li><li>• Level I             Exit</li></ul> <p><b>POSITIVE REINFORCEMENT REPORT</b></p> <p>The primary goal of the behavior management system is to teach appropriate school behavior. The positive reinforcement (PR) report is a means of providing positive feedback to students and parents concerning appropriate behavior. Students earn one or two points for each expected behavior during designated periods.</p>	<p><b>THERAPEUTIC SERVICES</b></p> <p>An array of therapeutic services is offered by a team comprised of three counselors, one psychologist, one social worker, a substance abuse counselor, and one crisis intervention teacher.</p> <p>Interventions include time out, peer mediation, individual counseling, selected group sessions, daily guidance classes, substance abuse counseling and education, parent assistance meetings, liaison connections with community resources, and assistance in obtaining outside services.</p> <p>The focus is on developing self-discipline for the student and the appropriate behavioral responses.</p> <p><b>BEHAVIOR</b></p> <p>Students are expected to follow the rules set down in the <i>Student Handbook</i>. Inappropriate behavior is dealt with accordingly.</p> <p><b>TRANSPORTATION</b></p> <p>Bus service is arranged for each student through the Department of Transportation. Bus stops are at elementary schools. It is the parent's responsibility to see that the child is at the bus stop at the appropriate time. Proper student behavior is expected since it is a privilege to ride the bus. Bonus points are given for good bus behavior.</p>
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## PROGRAM REVIEW CHECKLIST OF REPORT ITEMS FOR ALTERNATIVE CENTER

Student: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_

Special Education Type and Level \_\_\_\_\_ 504 Plan \_\_\_\_\_

Student I.D. Number: \_\_\_\_\_ Date of Last Student Services or  
IEP Team Meeting: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Program Review Date: \_\_\_\_\_ Program Review Time: \_\_\_\_\_

Program Review Location: \_\_\_\_\_

The following information must be included in the report sent to the Superintendent's Designee as part of the Program Review transfer request:

- \_\_\_ Cover letter to Superintendent's Designee outlining reasons for recommended transfer and interventions implemented by the home school (attach Home School Summary Sheet)
- \_\_\_ Checklist of report items (this document)
- \_\_\_ Copy of most recent report card
- \_\_\_ Student Services Team/IEP Team notes and recommendations
- \_\_\_ Residency/Immunization Verification Form
- \_\_\_ Copy of homeroom attendance card or similar attendance summary
- \_\_\_ Copy of test record card and academic history (BEBCO #43-266-85 and #43-262-88)
- \_\_\_ Home School Summary Sheet with attached IEP/504 Team results/notes (BEBCO 101-93) Copies of IEP/504 Plan, Compliance Verification Form, FAPE Form, Psychologicals, Education Assessments, Receipt of Parental Rights Document, IEP Snap Shot, and Last Quarterly Report, A-1 Manifestation Form, Determination of Disability Form
- \_\_\_ Teacher reports from all teachers
- \_\_\_ Guidance Counselor/Nurse/School Social Worker Reports
- \_\_\_ Court documentation in chronic truancy cases
- \_\_\_ History of disruptive behavior or references to the office [date(s)]
- \_\_\_ Home School Summary Sheet, Student Grade Report Form
- \_\_\_ Interventions: Behavior Plans (Functional or other) Suspensions/RPCs/Referrals to PPW  
[date(s)]
- \_\_\_ Acknowledgment Form of receipt of *Student Handbook*
- \_\_\_ Copies of the following: Health Records/Immunization Form #896/Current Medications Record and Orders/Documentation of any current health issues SR 5 & 6/Emergency Card

Four copies of this informational packet should be submitted by the home school to the Superintendent's Designee no later than 24 hours prior to the Program Review. A fifth copy should be retained for the school file (administrative copy).

**RESIDENCY/IMMUNIZATION VERIFICATION FORM**

Student: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

School: \_\_\_\_\_ Date Submitted \_\_\_\_\_

**Domicile Verification**

Document Needed: (one)

Resident

Deed

Lease

Tax Bill

Non-Resident

Non-resident

Multiple Family

Homeless

Attach copies of domicile document.

**Immunization Verification**

Completed 896 Immunization Card

Attach copy of 896 document.

\_\_\_\_\_  
Administrator's Signature

BCPS 5150 Policy/Rule

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ School: \_\_\_\_\_

### COMPLIANCE VERIFICATION FORM

*This form must be completed for any student with an IEP/504 prior to sending the expulsion packet to the Superintendent's Designee with a recommendation for expulsion. Please include a copy of this verification form in the expulsion packet.*

Please verify the following:

\_\_\_\_\_ The parent/guardian/surrogate was invited to participate in the A-1 manifestation team.

**Documentation required:** IEP/SST team notification form

\_\_\_\_\_ The parent/guardian/surrogate was provided with another copy of Procedural Safeguards or 504 Parental Rights.

**Documentation required:** Receipt of rights document

\_\_\_\_\_ The IEP/SST team met *formally* to discuss manifestation.

**Documentation required:** IEP team summary

\_\_\_\_\_ The IEP/SST team had the appropriate team members present for the manifestation discussion (psychologist, case manager, general educator, team chair, administrator, etc)

**Documentation required:** IEP/SST team summary

\_\_\_\_\_ The IEP/SST team completed the A-1 manifestation form.

**Documentation required:** A-1 manifestation determination form

\_\_\_\_\_ The IEP/SST team completed the FAPE form (to reflect those services needed while in an alternative placement).

**Documentation required:** FAPE form

\_\_\_\_\_ The IEP/504 Plan is current (completed within 12 months) and is signed by appropriate team members.

**Documentation required:** IEP/504 Plan

\_\_\_\_\_ The Determination of Disability is current (completed within 3 years for IEP).

**Documentation required:** Determination of Disability form for IEP or appropriate documentation for 504 disability

\_\_\_\_\_ Total number of days suspended this school year. (Including days to hearing with designee.)

#### **Special Education Students Only:**

\_\_\_\_\_ A Functional Behavior Assessment (FBA) has been completed recently OR a meeting will be scheduled within 10 days to discuss the need for a FBA.

**Documentation required:** Functional Behavior Assessment OR the IEP team notification letter indicating that such will be discussed

\_\_\_\_\_ A Behavior Intervention Plan has been implemented, if applicable.

**Documentation required:** Behavior Intervention Plan

Before sending this packet to the Superintendent's Designee, we certify that the above-mentioned documents are available and provided in the expulsion packet, consistent with the requirements of IDEA/Section 504 and the expulsion process for Baltimore County Public Schools.

Special Education Department Chair/SST Chairperson \_\_\_\_\_

Assistant Principal \_\_\_\_\_

Principal \_\_\_\_\_ Date Complete \_\_\_\_\_

# FREE AND APPROPRIATE PUBLIC EDUCATION

## Recommendations

**DETERMINATION OF SERVICES:** *Determination of services must be made by the IEP/504 Team to assure the provision of Free and Appropriate Public Education (FAPE) for Special Education students placed in Alternative Programming due to disciplinary removal. Determine FAPE by following the steps below.*

Student Name: \_\_\_\_\_ ID. No. \_\_\_\_\_ Grade: \_\_\_\_\_

**COMPLIANCE:** **Must be completed during IEP/SST Team Process -- Please indicate date of A-1/IEP/504 Manifestation Team:** \_\_\_\_\_. Follow and complete **ALL** steps below to ensure 100% compliance. **ALL** required forms must be attached.

**Special Education Student** *(Please check each box to indicate discussion held and determination made.)*

- Attach copy of IEP with identified goals/objectives **asterisked** (\*) and services listed that should be the focus while student is placed in an Alternative School, Evening High School, Afternoon Middle School, or Elementary Resource Center.
- Attach Team notes are completed and attached - **MUST** include services as determined by the IEP Team. In order to determine FAPE while the student is in an alternative program, the team **MUST** be certain to consider **ALL** from the list below and note any disposition (when **APPLICABLE**) in the Team notes:
- Service Delivery Model:** \_\_\_\_\_ *(List Subjects)*
  - Inclusion \_\_\_\_\_
  - Self-Contained \_\_\_\_\_
  - Resource \_\_\_\_\_
- Related Services:** *(If related services are needed, contact the Supervisor of Related Services - x3660)*

**Check each box as discussed and documented in Team notes:**

  - Number of hours of assistive technology
  - Number of hours of counseling
  - Number of hours of speech/language therapy
  - Number of hours of physical therapy
  - Number of hours of occupational therapy
  - Number of hours of social work
- Number of hours of instruction weekly
  - Hours determined \_\_\_\_\_ (within alternative program guidelines)
- Appropriate classroom supports: Remember all instruction will be small group or 1:1 in an alternative education setting
- Behavior Intervention Plan Attached

**DESIGNEE COMPLETES - Flexible Alternative Program Assignment**

Alternative School  Evening HS  \*Afternoon MS Other \_\_\_\_\_

Copies of completed form and supporting documents are to be sent to appropriate alternative placement by the Superintendent's Designee.

\*Partial Year Program

**Non-Special Education Student**

- Attach 504 Plan

**INSTRUCTION:** Academic Achievement

Circle Disability Code: 01 02 03 04 05 06 07 08 09 10 12 13 14 15

A. *(Please check appropriate levels of achievement)*

	GT	Well Above Average	Above Average	Average	Below Average	Well Below Average	Deficient
Reading							
Math							
Written Language							

B. Use BCPS course titles (For seniors – asterisks those needed for graduation)

Subjects	Service Delivery Model, at Home School Inclusion, Resource, Self-Contained	Current Home School Teacher's Name (required)	Withdrawal Grades (required)
1.			
2.			
3.			
4.			
5.			
6.			

Team Signatures:

\_\_\_\_\_

SCHOOL ADMINISTRATOR IS TO ATTACH A-1, IEP/504, TEAM NOTES, SNAPSHOT IEP, AND LAST QUARTERLY REPORT TO THIS FORM AS PART OF SUSPENSION PACKET FORWARDED TO THE SUPERINTENDENT'S DESIGNEE.

**BALTIMORE COUNTY PUBLIC SCHOOLS  
Towson, Maryland 21204**

**SUSPENSION FORM A-1 SPECIAL EDUCATION/504 STUDENT**

The IEP Team is requested to provide information on what programs and services were provided to the student in his present placement that are outlined in the IEP and would be needed to meet the Free Appropriate Public Education (FAPE) standards.

RE: \_\_\_\_\_ Date: \_\_\_\_\_  
           Student  
       \_\_\_\_\_  
           School                                      Grade \_\_\_\_\_                                      Disability

TO: \_\_\_\_\_, Superintendent's Designee

Subsequent to the suspension (see attached suspension form and charges) of \_\_\_\_\_, the local IEP/SS Team convened to review all relevant information in the student's file, including IEP, any teacher observations and any relevant information provided by the parents to determine the relationship, if any, between the student's disability and the misconduct in question. The Team needs to determine:

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 1. If the conduct in question was caused by or had a <u>direct</u> and <u>substantial</u> relationship to the student's disability; or | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. If the conduct in question was the direct result of the public agency's failure to implement the IEP/504.                           | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

According to IDEA, if the TEAM determines that either of the above statements is applicable ("Yes") for the student, the conduct shall be determined to be a manifestation of the student's disability.

Yes manifestation                       No, not a manifestation (Both answers must be "No.")

Staff/position present at IEP/SS Team:	Parent/Guardian/Advocate Present	<input type="checkbox"/>	<input type="checkbox"/>	Yes    No
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_____	_____
_____	_____
_____	_____
_____	_____
Principal	Date

BALTIMORE COUNTY PUBLIC SCHOOLS  
 Student Information Report  
 TEACHER

SCHOOL: \_\_\_\_\_

RETURN TO \_\_\_\_\_ NO LATER THAN \_\_\_\_\_

Needed For:    \_\_\_\_\_ Student Services/IEP Team    \_\_\_\_\_ Other  
                   \_\_\_\_\_ Case Conference                                \_\_\_\_\_ Suspension

TO: \_\_\_\_\_ SUBJECT: \_\_\_\_\_

RE: \_\_\_\_\_ GRADE LEVEL: \_\_\_\_\_ DATE SENT: \_\_\_\_\_

NOTE: This report may be shared with parents/guardians and/or lawyer(s).

**I. ACHIEVEMENT (CIRCLE APPROPRIATE RESPONSES)**

Overall grade to date this quarter \_\_\_\_\_ (letter or percentage)

	Quality of Work					<u>Comments</u> (include percentage of completion)
	High	Low				
A. Homework	4	3	2	1	0	_____
B. Classwork	4	3	2	1	0	_____
C. Tests	4	3	2	1	0	_____
D. Is progress consistent with ability?						_____
E. Additional comments						_____ _____

**II. ATTENDANCE/LATENESS** (please attach a copy of attendance card or complete the following information)

	<u>Total Absences</u>	<u>Excused</u>	<u>Unexcused</u>	<u>No. of Latenesses</u>
____ First Quarter	_____	_____	_____	_____
____ Second Quarter	_____	_____	_____	_____
____ Third Quarter	_____	_____	_____	_____
____ Fourth Quarter	_____	_____	_____	_____

Comments: \_\_\_\_\_  
 \_\_\_\_\_

III. PARTICIPATION (CIRCLE APPROPRIATE RESPONSES)

	Always		Never		<u>Comments</u>
A. Responds well to direction	4	3	2	1	_____
B. Works consistently	4	3	2	1	_____
C. Displays positive attitude	4	3	2	1	_____
D. Works well with others	4	3	2	1	_____
E. Participates positively in class	4	3	2	1	_____

Additional comments: \_\_\_\_\_

IV. BEHAVIOR (*Comment regarding attitude, conduct, and impact on other students/learning situation.*)

\_\_\_\_\_

V. INTERVENTIONS (CIRCLE THE APPROPRIATE ITEMS AND LIST APPROXIMATE DATES)

- |   |   |
|---|---|
| A. Student/teacher conference _____                 | I. Teacher/administrator conference _____   |
| B. Teacher/counselor/student conference _____       | J. Interim report _____                     |
| C. Student/parent/guardian/teacher conference _____ | K. Weekly progress report _____             |
| D. Notes/letters to parent _____                    | L. Referral to time out room _____          |
| E. Telephone call to parent _____                   | M. Referral to administrator _____          |
| F. Parent/teacher conference _____                  | N. Referral to Pupil Personnel Worker _____ |
| G. Teacher/department chair conference _____        | O. Referral to Team _____                   |
| H. Teacher-assigned detention _____                 | P. Behavior Plan _____                      |
|   | Q. Others (types and dates) _____           |

Please comment regarding student and parent/guardian response to interventions as well as the effectiveness of interventions: \_\_\_\_\_

Please write any additional descriptive comments on a separate sheet and attach BEBCO 049-91.

**BALTIMORE COUNTY PUBLIC SCHOOLS**

***STUDENT INFORMATION REPORT FOR SUPERINTENDENT'S DESIGNEE***

SCHOOL: \_\_\_\_\_

RETURN TO: \_\_\_\_\_ NO LATER THAN: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ GRADE LEVEL: \_\_\_\_\_ DATE SENT: \_\_\_\_\_

NOTE: This report may be shared with parents and/or lawyer(s).

**Part 1: Completed by Administrator, School Counselor or IEP Chair: Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**SST/IEP TEAM INFORMATION** (attach a separate sheet, if needed)

DATE OF  
TEAM

REASON

DISPOSITION

<u>DATE OF TEAM</u>	<u>REASON</u>	<u>DISPOSITION</u>

**Part 2: Completed by School Counselor and/or School Social Worker**

Please provide information appropriate to this student regarding social and/or academic history. Include such information as attendance and involvement in activities, organizations, employment, peer relationships, etc.

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**SEE BACK**

**Part 3: Completed by school nurse:**

**STUDENT NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**A. PERTINENT MEDICAL HISTORY**

(Include Current Diagnoses: Medical, Mental Health, Behavioral and/or other Chronic Health Concerns)

**Allergies?** (food, medications, environmental) \_\_\_ no \_\_\_ yes (list) \_\_\_\_\_

**Activity and/or PE limitations?** \_\_\_ no \_\_\_ yes (list) \_\_\_\_\_

**Dietary Restrictions?** \_\_\_ no \_\_\_ yes (list) \_\_\_\_\_

**Emergency Protocol?** \_\_\_ no \_\_\_ yes (attach copy)

**Individualized Healthcare Plan** \_\_\_ no \_\_\_ yes (attach copy of IHP)

**Current Medication Order(s) at School:** \_\_\_ no \_\_\_ yes (attach copy of orders)

**Medications Taken at Home: (list )**

**B. HEALTH SUITE HISTORY / SUMMARY OF HEALTH SUITE VISITS** (attach a separate sheet, if needed)

**Number of visits to the Health Suite this school year** \_\_\_\_\_

**Number of times student was sent home from Health Suite this school year** \_\_\_\_\_

**Summarize student's frequent health complaints.** (Do not attach copies of health suite records to this report.)

**Attach a copy of the student's Immunization Record (DHMH 896) to this report.**

**School Nurse Name:** \_\_\_\_\_ **Signature** \_\_\_\_\_

## HOME SCHOOL SUMMARY SHEET

Name: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Grade(s) Retained: \_\_\_\_\_

Reasons for Retentions: \_\_\_\_\_

Sending School: \_\_\_\_\_

Case Manager: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Support Service Personnel: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (h) \_\_\_\_\_, (w) \_\_\_\_\_

Usual Work Hours: \_\_\_\_\_

Medication/Medical Problem: \_\_\_\_\_

Special Education?            YES            NO            Area

Hours of Services    \_\_\_\_ Direct            \_\_\_\_ Indirect

(Intensity of Service? I    II    III    IV    V)    504 plan

Additional Services Required \_\_\_\_\_            Hours \_\_\_\_\_

Medicare/Medicaid/M.A.?    YES            NO

Special Comments (e.g., reading or math difficulty, foster placement,  
DJS supervision, etc.) \_\_\_\_\_

\_\_\_\_\_

Intervention strategies used at home school in working with student:

\_\_\_\_\_

\_\_\_\_\_

Areas, if any, where student met with success: \_\_\_\_\_

\_\_\_\_\_

**Check One:**

- Suspension to the Superintendent
- Program Review

## Student Grade Report

TO: Superintendent's Designee

RE: \_\_\_\_\_(name)

FROM:

ID#: \_\_\_\_\_

DOB: \_\_\_\_\_

DATE SUBMITTED:

DOS/TRANSFER: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

Please provide grade(s) at the time of suspension/transfer, including current withdrawal grade.

Course (name)	Instructional Level					Quarter				Final Exam	Final Grade
	(Each Course)					1	2	3	4		
	ST	SE	H	GT	AP						
_____	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____

NOTE: Grades will be submitted by Superintendent's Designee to alternative school provided for student.

High School Only:

No. of credits earned to date: \_\_\_\_\_

English \_\_\_\_\_

Math \_\_\_\_\_

Science \_\_\_\_\_

Social Studies \_\_\_\_\_

Completer \_\_\_\_\_

Health \_\_\_\_\_ Electives \_\_\_\_\_

Physical Education \_\_\_\_\_

Fine Arts \_\_\_\_\_

Tech Education \_\_\_\_\_

Verified By \_\_\_\_\_

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE IMMUNIZATION CERTIFICATE

CHILD'S NAME \_\_\_\_\_  
 LAST FIRST MI  
 SEX: MALE  FEMALE  BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_  
 COUNTY \_\_\_\_\_ SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

PARENT OR GUARDIAN NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

**RECORD OF IMMUNIZATION : See Notes**

VACCINE TYPE						VACCINE TYPE				
DOSE #	DTP-DTaP MO/DAY/YR	DT-Td MO/DAY/YR	Polio MO/DAY/YR	Hib MO/DAY/YR	Hep B MO/DAY/YR	DOSE #	M-M-R MO/DAY/YR	MEASLES MO/DAY/YR	RUBELLA MO/DAY/YR	MUMPS MO/DAY/YR
1						1				
2						2				
3						DOSE #	Varicella MO/DAY/YR	OTHER VAX MO/DAY/YR	OTHER VAX MO/DAY/YR	OTHER VAX MO/DAY/YR
4						1				
5						2				

To the best of my knowledge, the vaccines listed above were administered as indicated.

1. \_\_\_\_\_  
 Signature Title Date  
 2. \_\_\_\_\_  
 Signature or Initial Title Date  
 3. \_\_\_\_\_  
 Signature or Initial Title Date

Lines 2 and 3 are for certification of vaccines given after the initial signature.

**LOST OR DESTROYED RECORDS: (Must Be Reviewed and Approved by Local Health Department. See Notes)**

I hereby certify that the immunization records of this child have been lost, destroyed or are unobtainable.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
 Parent or Guardian

**COMPLETE THE APPROPRIATE SECTION BELOW IF THE CHILD IS EXEMPT FROM IMMUNIZATION ON MEDICAL OR RELIGIOUS GROUNDS. ANY IMMUNIZATIONS THAT HAVE BEEN RECEIVED SHOULD BE ENTERED ABOVE.**

**MEDICAL CONTRAINDICATION:**

The physical condition of the above pupil is such that immunization at this time would constitute a serious threat to his/her health. This is a permanent condition  temporary condition  until \_\_\_\_/\_\_\_\_/\_\_\_\_

Check appropriate box, indicate vaccine(s) and reasons: \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_  
 Physician or Health Official

**RELIGIOUS OBJECTION:**

I am the parent/guardian of the child identified above. Because of my bona fide religious beliefs and practices, I object to any immunization being given to my child.

Signed \_\_\_\_\_ Date \_\_\_\_\_

## CERTIFICATION INFORMATION

The following excerpt from the DHMH Code of Maryland Regulations (COMAR) 10.06.04.03 applies to schools:

“A school principal or other person in charge of a school, public or private, may not knowingly admit a student to, or retain a student in a: 1) preschool program unless the student has furnished evidence of age-appropriate immunity against Haemophilus influenzae type b 2) preschool program or kindergarten through the second grade of school unless the student has furnished proof of age-appropriate immunity against pertussis; and 3) preschool program through the twelfth grade unless the student has furnished evidence of age-appropriate immunity against tetanus, diphtheria, poliomyelitis, measles (rubeola), mumps, rubella, hepatitis B and varicella.”

Please refer to the “Minimum Vaccine Requirements for Children Enrolled in Pre-school Programs and in Schools” to determine age-appropriate immunity for preschool through grade 12 enrollees. The minimum vaccine requirements and DHMH COMAR 10.06.04.03 are available at [www.edcp.org](http://www.edcp.org) (click “Immunization”).

The requirement for hepatitis B and varicella vaccine is a "progressive" regulation in which each new school year another successive grade becomes covered by the regulation (e.g., kindergarten in 2001, 1<sup>st</sup> grade in 2002, etc.).

Age-appropriate immunization requirements for licensed child care centers and family day care homes are based on the “Maryland DHMH Recommended Childhood Immunization Schedule”. Please refer to Department of Human Resources COMAR 07.04.02.44 and COMAR 07.04.01.29 for day care regulations. DHR COMAR regulations and the “Maryland DHMH Recommended Childhood Immunization Schedule” are available at [www.edcp.org](http://www.edcp.org) (click “Immunization”).

## HOW TO USE THIS FORM

The medical provider that gave the vaccinations may record the dates directly on this form (check marks are not acceptable) and certify them by signing or stamping the signature section. A different medical provider, a local health department official, a school official, or a day care provider may transcribe onto this form and certify vaccination dates from any other record which has the authentication of a medical provider, health department, school, or day care service.

### Notes:

1. When immunization records have been lost or destroyed, vaccination dates may be reconstructed for all vaccines except **measles, mumps, or rubella**.

Reconstructed dates for all vaccines must be reviewed and approved by the local health department.

Blood test results are NOT acceptable evidence of DTP/DTaP/DT/Td immunity.

Blood test verification of immunity is acceptable in lieu of polio, measles, mumps, rubella, hepatitis B, or varicella vaccination dates, but **revaccination may be more expedient**.

2. History of disease is NOT acceptable in lieu of any of the required immunizations, except varicella.

## **ROLE OF THE CASE MANAGER (HOME SCHOOL PUPIL PERSONNEL WORKER)**

Students are placed at an alternative center as a temporary intervention. Most students will transition back to the home school or to another placement within two quarters. The continued assistance of home school personnel and the home school PPW is vital to the successful re-entry of those students who return to a regular school. Ongoing home school PPW involvement with students is necessary throughout their stay at the alternative center.

When a student is placed at an alternative center, the home school PPW will:

1. Serve as case manager and liaison to the student and family when a student is suspended to the Superintendent's Designee
2. Contact the alternative center when a student's placement is changed from the home school to an alternative center
3. Assist with arrangements for the student's intake conference at the alternative center
4. Serve as case manager for the student and continue providing the student with ongoing services while the student attends the alternative center
5. Collaborate with the alternative center staff to address attendance concerns of students returning to the home school
6. Assist with transition of students returning to the home school from an alternative center
7. Provide follow-up services to students after they return to their home schools.
8. Keep Superintendent's Designee informed by use of Student Service Database Case Notes. (See next page)

**CASE MANAGEMENT**

Type of Appointment

Hearing Time

, Case Manager

Repeated Susp to Designee  
First

Designee Referral Date February 21, 2006

Student Name

Home School

GR

DOB

ID#

Assit  
Principal

SP ED

Parent

Street Address

Home Phone

City

Zip

Work Phone

DOS

CAP Issued

No

Offense

ong Term Suspension

Violence Assessment

Expel

Drug Program Required

PR Transfer

Appeal or Mitigation

Proj Ret Date

Assigned Alternative Program

App or Mit Date Rec

Rev & Reinst  
Date

App or Mit Resolution

Designee Status

Alt Sch Enrolled

Hearing Recommendations

M/W EHS Enrolled

T/TH EHS Enrolled

Dr Asses

Sat High Enroll

Dr Educ

HT Enrollment Date

Dr Counsel

PPW Follow-up: Including Home and Community, any Agency involvement, and any counseling provided