



**Product Tailoring Services Scope of Work  
WARREN COUNTY SCHOOL DISTRICT  
FORM MIGRATION - 00247048**

PowerSchool  
Special Education System

## QUOTATION FOR SERVICES

### *Purpose of Document*

The purpose of this Scope of Work (“SOW”) is to outline the process, approach, completion criteria, and associated costs for the deliverable as requested by WARREN COUNTY SCHOOL DISTRICT, (“Client”). This Scope of Work is subject to the terms and conditions of the applicable PowerSchool Licensed Product and Services Agreement and any associated policies, pursuant to which PowerSchool Group LLC (“PowerSchool”) has licensed the PowerSchool application to Client.

### *Scope of Service*

PowerSchool shall:

- \* Create, on a PowerSchool server, a new temporary database, based upon the District Database
- \* Make Configuration settings within the PowerSchool system as required by the Configuration Data Gathering Documentation. Such configuration shall be performed on a PowerSchool server to implement templates and forms, template security and other configurable changes
- \* Facilitate Configuration review sessions with Client’s subject matter experts to gather feedback and determine that the configuration of the PowerSchool system is in accordance with the Configuration Data Gathering Documentation
- \* Customize the Following areas of the database as per client provided files:
  1. Dewey PBSP.pdf
  2. FBA One-Time Serious Incident Form 2017.1.docx
  3. FBA Template 2017.1.docx
  4. PA Medical Assistance Billing Parental Consent Form 2016.4.29.docx
  5. Physical Intervention Parent Notification Letter 2015.12.18.docx
  6. Physical Intervention Reporting Form 2016.9.20.docx
  7. Section 504 - Form 1 Parent Initiated Evaluation 2017.3.doc
  8. Section 504 - Form 2 Referral 2017.3.doc
  9. Section 504 - Form 3 District Initiated Permission Annual Notice 2017.3.doc
  10. Section 504 - Form 3 District Initiated Permission Annual Notice FILLABLE.doc
  11. Section 504 - Form 3A Physician Input 2017.3.doc
  12. Section 504 - Form 4 Procedural Safeguards 2017.3.doc
  13. Section 504 - Form 5 Notice of Conference 2017.3.doc
  14. Section 504 - Form 6 Eligibility Determination 2017.3.docx
  15. Section 504 - Form 6A 10-Day Waiver 2017.3.doc
  16. Section 504 - Form 7 Service Agreement 2017.3.doc
  17. Section 504 - Form 8 Staff Notification 2017.3.docx
  18. Section 504 - Form 9 Manifestation Determination 2017.3.docx

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## 19. Threat Assessment template.pdf

**Deliverable Requirements:**

1. All configuration is quoted to be developed and installed on one instance (DataBase) of PowerSchool.
2. All setup not otherwise specifically noted in this SOW is to be completed by client prior to development beginning.
3. Client is responsible to make necessary adjustments for system provisioning
4. All setup not otherwise specifically noted in this SOW is to be completed by client prior to development beginning.
5. This SOW does not include adjustments to existing standard reports
6. Any additional item that are out of scope will need to be processed via an amendment SOW, and will be priced out a Time & Material Basis.
7. Any new requirements identified during client QA phase will need to be processed via an amendment SOW, and will be priced out a Time & Material Basis.
8. Any conflict with third parties due to copyright is the sole responsibility of the client to resolve prior to development beginning. PowerSchool assumes no responsibility for any conflict due to copyright. The development of these document is one-time effort. Any changes required on an ongoing basis is subject to additional cost.

***Assumptions***

Both parties agree to the following assumptions:

- All PowerSchool services will be performed remotely/off-site utilizing remote connectivity including conference call and WebEx sessions unless on-site services are specifically quoted under Objectives. Any remote connectivity tools used will be at PowerSchool's cost. Any on-site costs listed under Objectives will be at Client's cost.
- All business decisions, specific task assignments, general governance, and liability for work performed are the responsibility of Client's school personnel. Neither PowerSchool nor any PowerSchool Project Manager/Technical Resource is authorized to take responsibility for business decisions, or to assign work to individuals except via the Client's project manager or their designees.
- The Client will create, oversee, and enforce a change control methodology to ensure that proposed data, technical, and functional changes are evaluated in a test or support environment before they are deployed to a Production environment so as not to adversely affect the deliverable. All liability for changes made to the Production PowerSchool environment(s) are assumed by the Client's Department of Education or individual school districts.
- The Client will provide access to test/development environment and/or production environment as needed or required to complete deliverable. This includes but is not limited to PSAdmin access, database access, local server file system access and other resources as needed to complete deliverable. The Client understands that diagnosing or otherwise troubleshooting access issues is outside of this



scope of work and is billable on a time/materials basis.

- PowerSchool will make every effort to match the content and format of any supplied samples related to this request with any developed output. However, PowerSchool cannot guarantee that all items included on a sample can be included in the final deliverable. Further, Client understands that final output may vary from any supplied sample.

***Timeline***

All effort shall be scheduled and milestones defined during the project kickoff.

***Project Kick-off, Planning and Management***

***Objectives***

<b>Items</b>	<b>Description</b>
Kick-off Meeting	The PowerSchool Project Manager/Technical Resource will conduct a Kick-off Meeting with the Client to establish responsibilities, milestones, and a basic Project Timeline.
Establish development tasks	The PowerSchool Project Manager/Technical Resource will establish the tasks necessary for development of the deliverable for use in PowerSchool.
Milestone deliveries	The PowerSchool Project Manager/Technical Resource will establish the timeline for delivery of milestones during development.
Project Status Reporting	The PowerSchool Project Manager/Technical Resource and the Client will agree on an acceptable method and timing of status reports.

***Approach***

PowerSchool will assign a Project Manager/Technical Resource to assist through the following phases:

- Project Kick-off, Planning, and Management
- Design of Deliverable
- Active Development
- Testing and Validation
- Project Completion/Sign-Off

The Client will:

- Identify Client project lead that will work with PowerSchool throughout the effort.
- Attend Kick-off meeting and all subsequent meetings.
- Provide access as needed to Client resources throughout the effort.
- Provide timeline input and feedback throughout the effort.
- Manage Client Business Process Change throughout the effort.
- Test deliverables for the agreed upon functionality and display, and notify the PowerSchool Project Manager/Technical Resource of any concerns.
- Participate in milestone deliveries and sign-off.

***Completion Criteria***

This activity will be considered complete when a Kickoff meeting is completed and a Project Timeline is created.

## ***Project Change Request***

Changes to this original scope of work may be requested by the Client and reviewed by PowerSchool for potential changes in the costs related to the work. If Client requests modifications or additions to the work either during or after PowerSchool's development of the deliverable, such rework or additional work due to Client-requested modifications or additions shall be performed at an additional cost. PowerSchool will provide Client with an additional cost quote in response to Client's requests. Once approved in writing by both the Client and PowerSchool the change request will become a part of this document and the work completed as agreed.

## ***Project Change Control Procedure***

The following process will be followed if a change to this Scope of Work is required.

- A Project Change Request ("PCR") will be the vehicle for communicating change. The PCR must describe the change; the rationale for the change and the effect the change will have on the project.
- The designated Program/Project Manager of the requesting party will review the proposed change and determine whether to submit the request to the other party.
- Both Program/Project Managers will review the proposed change and recommend it for further investigation or reject it. PowerSchool will specify any charges for such investigation. A PCR must be signed by authorized representatives from both parties to authorize investigation of the recommended changes. PowerSchool will invoice WARREN COUNTY SCHOOL DISTRICT for any such charges. The investigation will determine the effect that the implementation of the PCR will have on price, schedule and other terms and conditions of the agreements between the parties.
- A written Change Authorization and/or PCR must be signed by authorized representatives from both parties to authorize implementation of the investigated changes. Until a change is agreed in writing, both parties will continue to act in accordance with the latest agreed version of the SOW.

## ***Product Tailoring Services***

### ***Objectives***

<b>Items</b>	<b>Description</b>
1	Dewey PBSP.pdf
2	FBA One-Time Serious Incident Form 2017.1.docx
3	FBA Template 2017.1.docx
4	PA Medical Assistance Billing Parental Consent Form 2016.4.29.docx
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7	Section 504 - Form 1 Parent Initiated Evaluation 2017.3.doc
8	Section 504 - Form 2 Referral 2017.3.doc
9	Section 504 - Form 3 District Initiated Permission Annual Notice 2017.3.doc
10	Section 504 - Form 3 District Initiated Permission Annual Notice FILLABLE.doc
11	Section 504 - Form 3A Physician Input 2017.3.doc
12	Section 504 - Form 4 Procedural Safeguards 2017.3.doc
13	Section 504 - Form 5 Notice of Conference 2017.3.doc
14	Section 504 - Form 6 Eligibility Determination 2017.3.docx

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15	Section 504 - Form 6A 10-Day Waiver 2017.3.doc
16	Section 504 - Form 7 Service Agreement 2017.3.doc
17	Section 504 - Form 8 Staff Notification 2017.3.docx
18	Section 504 - Form 9 Manifestation Determination 2017.3.docx
19	Threat Assessment template.pdf

### ***Completion Criteria***

This activity will be considered complete when PowerSchool installs the final PowerSchool Deliverable, provides recommended Next Steps, and sends final deliverable sign off documentation.

### ***Product Tailoring Support***

Your deliverable comes with a standard thirty (30) day warranty that begins on the date of delivery. The Maintenance and Support agreement option, if selected, extends the original customization warranty for one (1) calendar year from the date of delivery to insure continued successful operation of the deliverable throughout the school year.

This agreement will be auto-renewed annually and is intended to ensure that your deliverable continues to operate as agreed upon in the original specification. This agreement does not cover changes that are out of scope of the original request nor does it include changes or enhancements to the deliverable provided. This agreement will continue to cover your deliverable on the current production release of PowerSchool that the deliverable was built on along with two (2) future releases from there.

This agreement protects your investment from upgrades to the PowerSchool product. For example, if you upgrade your PowerSchool installation from version 7 to version 8, and your deliverable becomes inoperable due to the upgrade, we will diagnose and repair it at no charge.

### ***Additional Terms and Conditions***

1. Client's PowerSchool standard annual support charges for the Special Education do not include support for custom work or software modifications.
  2. PowerSchool warrants that after delivery, the deliverable supplied by PowerSchool pursuant to this Statement of Work will substantially conform to the specifications provided herein. The standard warranty will expire thirty (30) days after date of delivery. Bug fixes submitted during this time do not extend the warranty. If selected, the annual support/maintenance agreement will extend this warranty to one (1) year from date of delivery. The foregoing warranty shall not apply if the deliverable has been modified by Client or is used in a manner that does not conform to the instructions provided by PowerSchool, if any. If the deliverable does not meet the requirements of this warranty, Client shall be responsible to so notify PowerSchool in writing during the warranty period and provide PowerSchool with sufficient detail to allow PowerSchool to reproduce the problem. After receiving such notification, PowerSchool will undertake to correct the problem by programming corrections and/or reasonable "work-around" solutions.
- THE FOREGOING STATES THE COMPLETE AND EXCLUSIVE REMEDIES AVAILABLE TO THE CLIENT UNDER THIS WARRANTY. POWERSCHOOL SHALL HAVE NO RESPONSIBILITY FOR ANY WARRANTY CLAIMS MADE OUTSIDE OF**



# PowerSchool

**THIS WARRANTY PERIOD.** Client acknowledges that, unless otherwise expressly agreed in writing by PowerSchool, all work performed under this SOW shall be subject to resource availability and that the fees set forth on the Quotation are an estimate of the total cost.

PowerSchool cannot guarantee a timeframe for delivery. If the total number of hours needed to create and deliver this specific deliverable exceeds 150 hours, PowerSchool will provide Client with an additional quote of the time required to complete the deliverable in progress. In addition, Client acknowledges that during the production of the deliverables it may be necessary for PowerSchool, due to limitations associated with the SIS or Special Education database, to create a work-around or reevaluate the specifications associated with a deliverable to either provide the deliverable or deliver comparable results. Any such deviations that arise during the project shall be managed with a Project Change Request and may result in adjustments to the deliverables and additional charges. PowerSchool may, at its option, require a purchase order for this additional amount in order to proceed.

3. All deliverables will be based upon the feature functionality of a single released version of the SIS and PowerSchool will use such version for the creation of the deliverables. PowerSchool makes no representation or warranty that the deliverables provided will function or be compatible with any version of the Special Education other than the version used by PowerSchool in the creation of the deliverables.
4. This Statement of Work does not include training, or updates to the work developed in this Statement of Work unless specifically listed under Objectives. Additionally, this Statement of Work does not include ongoing technical support beyond the thirty (30) day warranty unless the annual Maintenance and Support option is selected in which case on-going technical support will be included pursuant to the terms and conditions of the agreement until expiration of the agreement.
5. All rights, title, and interest in any know-how, trade secret information, and all copyrightable material, copyrights, and copyright applications which PowerSchool conceives or originates, either individually or jointly with others, and which arise out of the performance of this SOW, will be the property of PowerSchool. Works of authorship created by PowerSchool in the performance of this Statement of Work are not “works made for hire” as defined under U.S. Copyright Law.
6. All work performed under this Statement of Work shall be subject to the applicable Licensed Product and Services Agreement by and between PowerSchool and Client and no other rights, title, interest, or license to the deliverables, whether express or implied, is granted to Client.

## ***Client Agreement Process***

This is a quotation for development work to be performed by PowerSchool Group LLC. If executed by Client and returned to PowerSchool along with a purchase order prior to the expiration date of this quotation, this quotation will become a Statement of Work and PowerSchool will commence the work identified herein. This Statement of Work is subject to the terms and conditions of the Licensed Product and Services Agreement and associated Support Policies and Services Policies under which PowerSchool licensed the Special Education to Client. The term “SIS” refers to the PowerSchool Student Information Systems product that the Client has implemented, as identified above.

If Client wishes to proceed with the purchase of the above-quoted work, please have a copy of this quotation executed by an authorized representative of Client and return to either:

Email: [Joshua.Ayotte@PowerSchool.com](mailto:Joshua.Ayotte@PowerSchool.com).

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This quote is valid thirty (30) days from DECEMBER 8, 2017. If an executed copy of this quote and a purchase order are not received within said thirty (30) day period, this quote shall expire; provided, however, that if PowerSchool receives a copy of this quote executed by Client along with a purchase order after said expiration date, PowerSchool may, but shall not be obligated to, proceed with the work as contemplated herein.

### ***Project Price and Hours***

Project Price: \$31,500.00  
Maintenance & Support Annual Price: \$7,875.00  
Project Hours: 150

### ***Payment Terms***

All service fees are due upon receipt of invoice(s).

### ***Requesting Support***

PowerSchool has established a support process to ensure a timely response to your maintenance and support agreement requests. (Monday – Friday; 6:00 AM – 8:00 PM EST) (Excludes PowerSchool Holidays)

- PowerSchool Technical Support:
  - PHONE: 866-434-6276
  - EMAIL: [Support@PowerSchool.com](mailto:Support@PowerSchool.com)
  - CHAT: <https://support.powerschool.com/support/chat.action>
  - On-Line Case Logging: <https://support.powerschool.com>

### ***Escalation Procedure***

The following procedure will be followed if resolution is required to a conflict arising during the performance of this SOW.

When a conflict arises between the WARREN COUNTY SCHOOL DISTRICT and PowerSchool, the project team member(s) will first strive to work out the problem internally.

- Level 1: If the project team cannot resolve the conflict within two (2) working days, the WARREN COUNTY SCHOOL DISTRICT Primary Contact and PowerSchool Project Manager/Technical Resource will meet to resolve the issue.
- Level 2: If the conflict is not resolved within three (3) working days after being escalated to Level 1, the WARREN COUNTY SCHOOL DISTRICT Primary Contact and/or member of management will meet with Robert Magan (Director Product Tailoring and Data Services) <[Robert.Magan@PowerSchool.com](mailto:Robert.Magan@PowerSchool.com)> to resolve the issue.
- Level 3: If the conflict remains unresolved after Level 2 intervention, resolution will be addressed in accordance with Project Change Control Procedure or termination of this SOW under the terms of the Contract.
- During any conflict resolution, PowerSchool agrees to provide services relating to items not in dispute, to the extent practicable pending resolution of the conflict. The WARREN COUNTY SCHOOL DISTRICT agrees to pay invoices per the Contract, as rendered.





**Product Tailoring Services Agreement  
WARREN COUNTY SCHOOL DISTRICT  
FORM MIGRATION - 00247048**

**Project Price:(USD): \$31,500.00  
M&S Annual Price:(USD): \$7,875.00  
Total Price:(USD): \$39,375.00**

**Project Hours: 150**

<p><i>Accepted and Agreed To:</i> Client: <b>WARREN COUNTY SCHOOL DISTRICT</b></p> <p>Name: _____</p> <p>Title: _____</p> <p>Signature: _____</p> <p>Date: _____</p>	<p><i>Accepted and Agreed To:</i> <b>PowerSchool Group LLC</b></p> <p>Name: _____</p> <p>Title: _____</p> <p>Signature: _____</p> <p>Date: _____</p>
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Support/Maintenance opt out - by checking this box the customer waives the one (1) year Maintenance and Support agreement and accepts only the standard thirty (30) day warranty. Requests for support after the standard thirty (30) day warranty period will require a separate Product Tailoring request and will be billed at the standard hourly rate. In exchange, PowerSchool will discount the total price of this project to \$31,500.00.

Please indicate if you are a PowerSchool Hosted Client by checking this box.

By checking this box, you give PowerSchool permission to utilize your data for an internal test server to develop and test the deliverable that we are creating for you so as not to impact your Production environment throughout the course of configuration and deployment.



**Warren County School District  
PA Medical Assistance Billing Parental Consent**

Student's Full Name \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade \_\_\_\_\_

BWMS  WAEC  WAHS  EES  EMHS  YEMS  YHS  SAES  SAMHS

1. Local Educational Agencies (LEAs) are eligible to receive federal reimbursement through the School-Based Access Program for certain medically necessary services provided to students with disabilities ages 3-21 in accordance with the students' IEP.
2. LEAs use of this reimbursement program does NOT in any way affect or impact other medically necessary, covered services that are provided to your child out of school. Medical Assistance will continue to pay for these services. Any reimbursement that the SDs or IUs receives from the School-Based Access program is used to help cover the cost of special education services.
3. Before the LEA can apply for reimbursement for services, a one-time written parental consent is required by The Individuals with Disabilities Education Improvement Act of 2004 (IDEA) under Part 300 (Assistance to the States for the Education of Children with Disabilities) and the Family Educational Rights and Privacy Act (FERPA).
4. By giving consent, I am authorizing the LEA to share my child's information such as records or information about the services that may be provided to my child with the PA Department of Education, the PA Department of Public Welfare, and a physician or nurse practitioner in order to bill Medical Assistance for services my child receives as part of his/her IEP. The only purpose of this disclosure is to bill for services provided.
5. I have the right to withdraw my consent at any time. Withdrawing my consent or not giving consent, will not affect the services that my child is receiving in school. It is still the responsibility of the LEA to provide my child's required services as written in his/her Individual education Plan at no cost to me.
6. Upon request, I may receive copies of my child's records that are disclosed as a result of this authorization.

\_\_\_\_\_ I have read the Notice and I give consent for the LEA to share my child's education and health-related information and bill Medical Assistance.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

2016.4.29 ph



Appendix B: Physical Intervention Parent Notification Letter 2015.12.18.docx



WARREN COUNTY SCHOOL DISTRICT
CENTRAL ADMINISTRATIVE OFFICES
6820 MARKET STREET
RUSSELL, PA 16345 - 3406

Policy 10930 Behavior Management

School

BWMS WAEC WAHS WCCC EES EMHS YEMS YHS SAES SAMHS LEC

12/6/2017

Dear Parent/Guardian:

Your child, [redacted], was restrained by school staff on the following date(s) [redacted] and at the following time(s) [redacted]. The restraint occurred to prevent a clear and present danger to your child, to other students, or to school staff, and only after less restrictive measures and techniques proved to be less effective under the circumstances:

At this time, District members of the IEP team recommend an IEP review meeting to discuss behaviors causing the restraint.

Under Pennsylvania law, Sections 14.133(c)(1) and Section 711.46(c)(1), the District is obligated to convene an IEP review team meeting within ten school days of the use of restraints, unless the parent, after written notice, agrees in writing to waive the meeting. Please indicate your decision, sign, and return this form to your child's case manager within 10 school days.

Signature

Date

- It is not necessary to reconvene at this time
I request an IEP Review meeting

Please contact the Special Education Supervisor to discuss questions and/or concerns further.

Sincerely,

[Redacted signature]

Cc: Special Education Supervisor

2015.12.23pab/lb
Office of Pupil Services

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Appendix C: Physical Intervention Reporting Form 2016.9.20.docx



**WARREN COUNTY SCHOOL DISTRICT**  
**Ch14 Physical Intervention Documentation**

BWMS  WAEC  WAHS  WCCC  EES  EMHS  YEMS  YHS  SAES  SAMHS  LEC

**STUDENT INFORMATION**

Student Name \_\_\_\_\_ Date of Intervention \_\_\_\_\_  
 PA Secure ID \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_  
 Primary Disability \_\_\_\_\_  
 Secondary Disability \_\_\_\_\_

**+ PHYSICAL INTERVENTION INFORMATION**

Antecedent \_\_\_\_\_  
 Behavior of Concern \_\_\_\_\_  
 De-Escalation technique utilized prior to Physical Intervention \_\_\_\_\_  
 Location of Physical Intervention \_\_\_\_\_  
 Duration of Restraint \_\_\_\_\_ Minutes \_\_\_\_\_ Seconds \_\_\_\_\_  
 Type of Restraint  Seated  Standing  Supine  Other \_\_\_\_\_  
 Was use of restraint listed in IEP  Yes  No  
 Was law enforcement notified  Yes  No Reporting Administrator \_\_\_\_\_  
 Staff #1 involved in Restraint Name \_\_\_\_\_ Title \_\_\_\_\_  
 Staff #2 Involved in Restraint Name \_\_\_\_\_ Title \_\_\_\_\_  
 Staff #3 Involved in Restraint Name \_\_\_\_\_ Title \_\_\_\_\_

**PARENTAL NOTIFICATION**

I request an IEP meeting  I waive my right to an IEP

Parental Notification  Yes  No Date \_\_\_\_\_  
 Select one of the following  IEP Meeting Date \_\_\_\_\_  Waiver Date \_\_\_\_\_  
 Options Discussed  Change in Placement  FBA  Re-Evaluation  New Behavior Plan  
 Behavior Plan Review

Did injury occur to student during Physical Intervention  Yes  No  
*Student must be seen by Certified School Nurse OR MAA*  
 CSN Initials \_\_\_\_\_  
 MAA Initials \_\_\_\_\_

Did injury occur to staff during Physical Intervention  Yes  No  
 Was injury reported to the Bureau of Special Education by administration?  Yes  No

**REPORTING EMPLOYEEE**

\_\_\_\_\_  
 Signature Title Date 12/6/2017

2015.12.11 pah/lis 2017.11.17 REVISED

## Appendix D: Threat Assessment template.pdf

### Threat Assessment Documentation

This form should be used to document the threat assessment team's response to a student threat of violence. School administrators are advised to consult their division policy on record keeping for these forms.

#### General Information

Your name: \_\_\_\_\_ Position: \_\_\_\_\_ School: \_\_\_\_\_

Name of student \_\_\_\_\_

Date learned of threat: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date threat occurred: \_\_\_\_/\_\_\_\_/\_\_\_\_

Type of threat: Transient      Serious Substantive      Very Serious Substantive

Who reported threat? \_\_\_\_\_ Location of Threat \_\_\_\_\_

What student said or did to express a threat (quote student if possible):

#### Student Who Made Threat

Grade: \_\_\_\_\_

Gender:  M  F

#### Race:

Caucasian  African Am.  Hispanic  
 Asian Am.  Other: \_\_\_\_\_

#### Special Education (if applicable):

LD  OHI  MR  
 ED  Other: \_\_\_\_\_

Yes No—Had or sought accomplices

Yes No—Reported the threat as a specific plan

Yes No—Wrote plans or a list

Yes No—Repeated the threat over time

Yes No—Mentioned weapon in the threat

Yes No—Used weapon in the threat

Yes No—Had prior conflict with recipient  
 (within 24 hours of threat)

Yes No—Student previously bullied the recipient

#### Victim or Recipient of Threat

#### Number of Victims:

1  2  3  4  5 or more

#### Primary Recipient:

Student  Teacher  Parent  
 Administrator  Other: \_\_\_\_\_

Grade (if applicable): \_\_\_\_\_

Gender:  M  F

#### Race:

Caucasian  African Am.  Hispanic  
 Asian Am.  Other: \_\_\_\_\_

#### Special Education (if applicable):

LD  OHI  MR  
 ED  Other: \_\_\_\_\_

Yes No—Recipient witnessed the threat

Yes No—Recipient previously bullied the student

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**Evaluation of Threat** (Use these questions as the interview foundation; modify them and use additional pages as needed.)

**Student Interview**

1. Do you know why I wanted to talk with you? Tell me.

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2. What happened today when you were [place of incident]?<sup>3</sup>

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3. What exactly did you say? And what exactly did you do? (Write the student's exact words.)

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4. What did you mean when you said or did that?

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5. How do you think [person who was threatened] feels about what you said or did? (See if the student believes it frightened or intimidated the person who was threatened.)

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6. What was the reason you said or did that? (Find out if there is a prior conflict or history to this threat.)

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7. What are you going to do now that you have made this threat? (Ask if the student intends to carry out the threat.)

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**Witness Interview**

Recipient (target) of threat or  Witness to threat, but not recipient

Witness name and grade or title: \_\_\_\_\_

1. What exactly happened today when you were [place of incident]?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What exactly did [student who made the threat] say or do? (Write the witness's exact words.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What do you think he or she meant when saying or doing that?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. How do you feel about what he or she said or did? (Gauge whether the person who observed or received the threat feels frightened or intimidated.) Are you concerned that he or she might actually do it?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Why did he or she say or do that? (Find out whether witness knows of any prior conflict or history behind this threat.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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### Threat Responses

#### Disciplinary Action

- Yes No —Reprimanded student
- Yes No —Parent conference
- Yes No —In-school time-out
- Yes No —Detention (number of days): \_\_\_\_\_
- Yes No —Suspension (number of days): \_\_\_\_\_
- Yes No —Expulsion recommended
- Yes No —Other disciplinary action: \_\_\_\_\_

#### Interventions and Safety Precautions

- Yes No—Interviewed and advised student who made threat
- Yes No—Interviewed and advised student's parents
- Yes No—Consulted with one or more school staff members
- Yes No—Interviewed and advised other students
- Yes No—Law enforcement consulted
- Yes No—Law enforcement contact with the student who made the threat
- Consequence of legal action (probation, detention, release into parent's custody, etc.): \_\_\_\_\_

- Yes No—Student might be eligible for special education services; referred for evaluation
- Yes No—Student already receiving special education services; referred to the IEP team for review
- Yes No—Student referred for a 504 plan.

- Yes No—Mental health assessment conducted by school-based staff
- Yes No—Mental health assessment conducted by an outside agency (court, DSS, psychologist, etc.)

- Yes No—Parents of the threat recipient notified of the threat
- Yes No—Conflict mediation
- Yes No—School-based counseling
- Yes No—Alter schedule of the student to increase supervision or minimize contact with the recipient

- Yes No—Alternative educational placement (alternative school, day treatment program, homebound, etc.)
- Yes No—Change in transportation (bus suspension, special transportation, etc.)
- Yes No—Inpatient mental health services
- Yes No—Outpatient mental health services (counseling or therapy with outside mental health provider)
- Yes No—Other safety precautions (please list): \_\_\_\_\_

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# PowerSchool

## Appendix E: Section 504 - Form 1 Parent Initiated Evaluation 2017.3.doc

For WCSD Use Only  
Date of Receipt in School  
Building Office

### WARREN COUNTY SCHOOL DISTRICT Notice of Parent Initiated Evaluation/Provision of Services for a Chapter 15/Section 504 Protected Handicapped Student



Dear \_\_\_\_\_ Date \_\_\_\_\_  
*Name of Principal*

I/We believe that my/our child, \_\_\_\_\_  
*Name of Student*

- Should be identified as a protected handicapped student. I am requesting an initial evaluation of my child.
- Should no longer be identified as a protected handicapped student.
- Requires a change in or modification of his/her current Service Agreement.

The basis for the belief that the student **is** or **is no longer** a protected handicapped student is:  
\_\_\_\_\_  
\_\_\_\_\_

If a change in or modification of the current Chapter 15/Section 504 Service Agreement is being requested, the proposed change(s) and/or modification(s) in the Service Agreement is/are: (Be specific)  
\_\_\_\_\_  
\_\_\_\_\_

We are including available relevant medical or other information or medical records which will assist in addressing this request.  No  Yes If yes, describe information included.  
\_\_\_\_\_  
\_\_\_\_\_

Parents have the right to review all relevant school records of their child, as well as to meet with the appropriate school officials to discuss any and all issues relevant to the evaluation and accommodations their child, and to give or withhold their written consent to the evaluation and/or provision of services.

\_\_\_\_\_  
*Parent(s)/Guardian Signature* \_\_\_\_\_  
*Date*

Note: Please return this form to \_\_\_\_\_ at \_\_\_\_\_  
*Name of WCSD School*

# 1764827.v.1



## Appendix F: Section 504 - Form 2 Referral 2017.3.doc

### WARREN COUNTY SCHOOL DISTRICT Chapter 15/Section 504 Referral Form

For WCSO Use Only  
Date of Receipt in School Building  
Office (Principal/School  
Counselor)

Date

Student Name  Date of Birth  Age   M  F  
 BWMS  WAEC  WAHS  EES  EMHS  YEMS  YHS  SAES  SAMHS Grade

Parent/Guardian Name  Home Phone #   
Address  Cell/Work Phone #   
City  State  Zip Code

Person Initiating  Referral Position

Reason for Referral

Attendance # Days Absent  # Days School in Session

Medical Data: The student has a medical condition which may interfere with his/her educational progress.  
Please describe the condition

Documentation has been provided from a physician or psychiatrist:  No  Yes\*  
*\*If yes, attach copies of documentation.*

Current Grades:

Subject	Grade	Subject	Grade
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Assessment Data**  
Include CBA/CBM, 4-Sight, PSSA, DIBELS, teacher assessments etc. Attach copies if appropriate.



### Academic Characteristics

Indicate grade level student is currently working at.

<input type="checkbox"/>	Oral Reading	<input type="checkbox"/>	Written Expression	<input type="checkbox"/>	Math Calculation
<input type="checkbox"/>	Reading Comprehension	<input type="checkbox"/>	Spelling	<input type="checkbox"/>	Math Reasoning
<input type="checkbox"/>	Basic Reading Skills	<input type="checkbox"/>	Handwriting		

Regular Education Accommodations: What educational accommodations have been used with this student?

Please include explanation of options checked.

Content \_\_\_\_\_

Process \_\_\_\_\_

Product \_\_\_\_\_

Other \_\_\_\_\_

What were the results of these accommodations? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What programs/resources have been recommended and/or tried with this student?

Recommended	Tried	Program/Resource	Recommended	Tried	Program/Resource
<input type="checkbox"/>	<input type="checkbox"/>	Remedial/Title I Reading	<input type="checkbox"/>	<input type="checkbox"/>	Guidance Counselor Conferences
<input type="checkbox"/>	<input type="checkbox"/>	Math Specialist	<input type="checkbox"/>	<input type="checkbox"/>	Tutoring (peer or teacher)
<input type="checkbox"/>	<input type="checkbox"/>	MTSS	<input type="checkbox"/>	<input type="checkbox"/>	Structured Study Hall
<input type="checkbox"/>	<input type="checkbox"/>	Behavior Contract/PBSP	<input type="checkbox"/>	<input type="checkbox"/>	Summer School Program
<input type="checkbox"/>	<input type="checkbox"/>	ESL	<input type="checkbox"/>	<input type="checkbox"/>	Outpatient Counseling
<input type="checkbox"/>	<input type="checkbox"/>	Student Assistance Program	<input type="checkbox"/>	<input type="checkbox"/>	Other _____
<input type="checkbox"/>	<input type="checkbox"/>	Child Study Team	<input type="checkbox"/>	<input type="checkbox"/>	Other _____

What were the results of these programs for this student? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Teacher Observations:**

Based on your knowledge and observation please rate this student's performance using the following scale.

1 = Well below peers      3 = Comparable classroom peers      5 = Exceeds classroom peers

**OBSERVATIONS**

Classroom Work	1	2	3	4	5
Homework	1	2	3	4	5
Tests	1	2	3	4	5
Reading Performance	1	2	3	4	5
Math Performance	1	2	3	4	5
Written Expression	1	2	3	4	5

Spelling	1	2	3	4	5
Following Oral Directions	1	2	3	4	5
Following Written	1	2	3	4	5
Attendance	1	2	3	4	5
Attention Span	1	2	3	4	5
Organizational Skills	1	2	3	4	5

Check behavioral characteristics which might adversely affect the student's learning.

- |                                    |                                       |  |
|------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Shy       | <input type="checkbox"/> Rejected by  | <input type="checkbox"/> Requires Constant Encouragement |
| <input type="checkbox"/> Moody     | <input type="checkbox"/> Daydreams    | <input type="checkbox"/> Disruptive                      |
| <input type="checkbox"/> Anxious   | <input type="checkbox"/> Distractible | <input type="checkbox"/> Quarrelsome                     |
| <input type="checkbox"/> Irritable | <input type="checkbox"/> Aggressive   | <input type="checkbox"/> Withdrawn                       |

Describe a situation(s) where the above behavior was evident. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any behaviors which should be addressed in the recommendations. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does this student meet the standards of personal independence expected of the chronological age and peer group?     No     Yes    describe/explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does this student meet the standards of social responsibility expected of the chronological age and peer group?     No     Yes    describe/explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Comments

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\_\_\_\_\_  
*Signature of Person Initiating Referral*

\_\_\_\_\_  
*Referral Date*

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Appendix G: Section 504 - Form 3 District Initiated Permission Annual Notice 2017.3.doc

WARREN COUNTY SCHOOL DISTRICT
Chapter 15/Section 504 Parent Permission Form
(re: District-Initiated Evaluation, Identification Status, Changes to Service Agreement)

Child's Name, Date of Birth, Age, M/F, BWMS, WAEC, WAHS, EES, EMHS, YEMS, YHS, SAES, SAMHS, Grade

The school district believes that [redacted] Should be:

- I. [ ] Evaluated to see if he/she qualifies as a protected handicapped student. The procedures and types of tests that will be used in the evaluation are: [redacted]
[ ] Should be re-evaluated to reassess his/her continued eligibility as a protected handicapped student or due to a proposed significant change of placement (indicate procedures and types of tests that will be used, if applicable): [redacted]; OR
[ ] Remains eligible as a protected handicapped student after re-evaluation; OR
[ ] Be identified as a protected handicapped student; OR
[ ] Not be (or no longer be) identified as a protected handicapped student; OR
[ ] Have his/her Service Agreement changed or modified as follows: [redacted]

II. The basis supporting the District's belief/s for the item checked in Section I is: [redacted]

III. If you have any additional information or medical records which will assist in this evaluation or other action marked in Section I above, please forward them to me or call me at (814) [redacted] to discuss this information.

IV. The District has determined that additional information or medical records [ ] are necessary OR [ ] are not necessary in order to take the action identified in Section I above. If further information/medical records are necessary, a Release of Information Form (Form (a)) and Physician Input Form (Form 3(b)) are attached, which will allow the District to gather this information and consider it when taking the identified actions above.

Parents have the right to review all relevant school records of the student, meet with appropriate school officials to discuss any and all issues relevant to the evaluation and accommodations of their child, and give or withhold their written consent to the performance of the evaluations identified above on the student. If your child is eligible for services under Chapter 15/Section 504, the District will develop with you a Service Agreement which describes the specific related aids, services or accommodations the District is proposing. The Service Agreement will not provide these proposed services to your child unless or until you execute the Service Agreement.

[redacted] School District Administrator [redacted] Date [ ] Procedural Safeguards Letter Attached

CONTINUE TO NEXT PAGE



# PowerSchool

**DIRECTIONS:** Please check one of these options and sign the form.

- I give my permission to proceed with the option(s) checked in Section I above.
- I request an informal conference to discuss the evaluation/re-evaluation, identification decision, and/or modification
- I do not give my permission to proceed with the option(s) checked in Section I above.
- My reason for disapproval is:

---



---

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**

*\* I have received and understand the contents of the Procedural Safeguards Letter.*

# 1764380.v1



Appendix H: Section 504 - Form 3 District Initiated Permission Annual Notice  
FILLABLE.doc

**WARREN COUNTY SCHOOL DISTRICT**  
Chapter 15/Section 504 Parent Permission Form  
(re: District-Initiated Evaluation, Identification Status, Changes to Service Agreement)

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  M  F  
 BWMS  WAEC  WAHS  EES  EMHS  YEMS  YHS  SAES  SAMHS Grade \_\_\_\_\_

The school district believes that \_\_\_\_\_ Should be: \_\_\_\_\_

I.	<input type="checkbox"/>	Evaluated to see if he/she qualifies as a protected handicapped student. The procedures and types of tests that will be used in the evaluation are: _____
		_____
	<input type="checkbox"/>	Should be re-evaluated to reassess his/her continued eligibility as a protected handicapped student or due to a proposed significant change of placement (indicate procedures and types of tests that will be used, if applicable): _____
		_____ ; OR
	<input type="checkbox"/>	Remains eligible as a protected handicapped student after re-evaluation; OR
	<input type="checkbox"/>	Be identified as a protected handicapped student; OR
	<input type="checkbox"/>	Not be (or no longer be) identified as a protected handicapped student; OR
	<input type="checkbox"/>	Have his/her Service Agreement changed or modified as follows: _____
		_____
II.		The basis supporting the District's belief/s for the item checked in Section I is: _____
		_____
III.		If you have any additional information or medical records which will assist in this evaluation or other action marked in Section I above, please forward them to me or call me at (814) _____ to discuss this information.
IV.		The District has determined that additional information or medical records <input type="checkbox"/> are necessary OR <input type="checkbox"/> are not necessary in order to take the action identified in Section I above. If further information/medical records are necessary, a <i>Release of Information Form (Form 3(a))</i> and <i>Physician Input Form (Form 3(b))</i> are attached, which will allow the District to gather this information and consider it when taking the identified actions above.
<p>Parents have the right to review all relevant school records of the student, meet with appropriate school officials to discuss any and all issues relevant to the evaluation and accommodations of their child, and give or withhold their written consent to the performance of the evaluations identified above on the student. If your child is eligible for services under Chapter 15/Section 504, the District will develop with you a Service Agreement which describes the specific related aids, services or accommodations the District is proposing. The Service Agreement will not provide these proposed services to your child unless or until you execute the Service Agreement.</p>		

\_\_\_\_\_  
School District Administrator      \_\_\_\_\_  
Date       Procedural Safeguards Letter Attached





# PowerSchool

**DIRECTIONS:** Please check one of these options and sign the form.

- I give my permission to proceed with the option(s) checked in Section I above.
- I request an informal conference to discuss the evaluation/re-evaluation, identification decision, and/or modification.
- I do not give my permission to proceed with the option(s) checked in Section I above.
- My reason for disapproval is:  
\_\_\_\_\_

\_\_\_\_\_

**Parent Signature** **Date**

*\* I have received and understand the contents of the Procedural Safeguards Letter.*

#1764380.v1



## Appendix I: Section 504 - Form 3A Physician Input 2017.3.doc

### WARREN COUNTY SCHOOL DISTRICT Chapter 15/Section 504 Physician Input Form

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 BWMS  WAEC  WAHS  EES  EMHS  YEMS  YHS  SAES  SAMHS Grade \_\_\_\_\_

Dear \_\_\_\_\_  
We are exploring the need for additional services for the above-mentioned child and would appreciate your input. Please share responses to questions below that pertain to your involvement with the child.

How long have you treated the child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list the health concern/illness/disability and described how it limits or impacts this child's life activities.  
\_\_\_\_\_  
\_\_\_\_\_

Is the child on any medication?  No  Yes (if yes, please list medication and dosage below)  
Medication #1 \_\_\_\_\_ Dosage \_\_\_\_\_  
Medication #2 \_\_\_\_\_ Dosage \_\_\_\_\_  
Medication #3 \_\_\_\_\_ Dosage \_\_\_\_\_  
Medication #4 \_\_\_\_\_ Dosage \_\_\_\_\_  
Medication #5 \_\_\_\_\_ Dosage \_\_\_\_\_

Does the child have/need assistive devices (e.g. hearing aids, walker, wheelchair)?  No  Yes (list below)  
Will he/she need these at school?  No  Yes  
\_\_\_\_\_  
\_\_\_\_\_

The parent is requesting the following service(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In your opinion, how severe are the child's needs at his/her worst episode without medication?  
 Negligibly  
 Mild  
 Moderately  
 Substantially  
 Extremely



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How long will the child require services?  \_\_\_\_\_

Please explain other concerns relevant for the WCSD to consider.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name of person completing this form

Name (please print)	Signature	Date

Please return this completed form to:

- School Psychologist:
- Certified School Nurse:

Warren County School District  
Office of Pupil Services  
6820 Market Street  
Russell, PA 16345  
(814)757-8536 (fax)

#1779498.v1



Appendix J: Section 504 - Form 4 Procedural Safeguards 2017.3.doc

WARREN COUNTY SCHOOL DISTRICT  
CHAPTER 15

PROCEDURAL SAFEGUARDS

*PARENTS: If you need this or other school-to-home information in large print, on audio tape, in another language, etc., ask your child's principal to make arrangements to accommodate your needs. Please do the same if you need for the school to have TTY capabilities when you communicate by phone, the services of a translator, the assistance of an interpreter, or any other special accommodations when meeting to discuss your child.*

**Dear Parent:**

As part of the protections available to you if we cannot agree as to what related aids, services, or accommodations should or should no longer be provided to your child, the procedural safeguard system may be used to resolve the dispute. Following are some details of the avenues available to use.

**Parental request for assistance**

Parents may file a written request for assistance with the Department of Education if the school district is not providing the related aids, services, and accommodations specified in the service agreement and/or the school district has failed to comply with the regulations in Chapter 15 of the State Board.

The Department of Education will investigate and respond to requests for assistance and, unless exceptional circumstances exist, will, within 60 calendar days of receipt of the request, send to the parents and school district written response to the request.

Written requests should be addressed to:

Pennsylvania Department of Education Bureau of Special Education  
333 Market Street  
Harrisburg, PA 17126

Phone # 717-783-6913

**Informal Conference**

Parents may file a written request with the school district for an informal conference with respect to the identification or evaluation of a student or the student's need for related aid, service, or accommodation. Within 10 school days of receipt of the request, the school district shall convene an informal conference. At the conference, every effort shall be made to reach an amicable agreement.

**Formal due process hearing**

Parent may file a written request with the school district for an impartial due process hearing. The hearing shall be held before an impartial hearing officer.

Following are some details about the due process hearing:

- The hearing shall be held in the local school district at a place reasonably convenient to the parents. At the request of the parents, the hearing may be held in the evening.
- The hearing shall be an oral, personal hearing and shall be open to the public unless the parents request a closed hearing.
- If the hearing is open, the decision issued in the case, and only the decision, shall be available to the public.

4/07  
CHAP15 2 Procedural Safeguards

Page 1 of 2



- If the hearing is closed, the decision shall be treated as a record of the student and may not be available to the public.
- The decision of the hearing officer shall include findings of fact, a discussion and conclusions of law. The decision shall be based solely upon the substantial evidence presented at the hearing. The hearing officer shall have the authority to order that additional evidence be presented.
- A written transcript of the hearing shall, upon request, be made and provided to parents at no cost.
- Parents may be represented by any person, including legal counsel.
- A parent or a parent's representative shall be given reasonable access to all educational records, including any tests or reports upon which the proposed action is based.
- Any party may prohibit the introduction of any evidence at the hearing that has not been disclosed to that party at least 5 days before the hearing.
- A parent or a parent's representative has the right to compel the attendance of and question witnesses of the school entity or agency who may have evidence upon which the proposed action might be based.
- Any party has the right to present evidence and testimony: including expert medical, psychological or educational testimony.

The Secretary of Education will contract with the Right to Education Office for the services of impartial hearing officers, who preside over initial hearings on behalf of local districts on behalf of the PA Department of Education and may compensate hearing officers for their services. The compensation shall not cause hearing officers to become employees of the Department. The hearing officer may not be an employee or agent of a school entity in which the parents or students reside or of any agency which is responsible for the education or care of the student.

The following timeline applies to due process hearings:

1. A hearing shall be held within 30 calendar days after a parent's initial request for a hearing.
2. The hearing officer's decision shall be issued within 45 calendar days after the parent's request for a hearing.

### **Judicial appeals**

If the hearing pertains to Chapter 14 and 15 rights, the decision of the impartial hearing officer may be appealed to a court of competent jurisdiction. Under some circumstances, you may raise these claims directly with the federal district court under Section 504 without going through the due process hearing.

If within 60 calendar days of the completion of the administrative due process proceedings under this chapter, an appeal or original jurisdiction action is filed in State or Federal Court, the administrative order shall be stayed pending the completion of the judicial proceedings, unless the parents and school district agree otherwise.



Appendix K: Section 504 - Form 5 Notice of Conference 2017.3.doc

WARREN COUNTY SCHOOL DISTRICT
Chapter 15/ Section 504 Notice of Conference

Student [redacted] Dated [redacted]

Dear [redacted] parent

We would like you to attend a meeting regarding your child. The purpose of this meeting is to (all that apply have been checked):

- Discuss the results of the initial Section 504/Chapter 15 evaluation/eligibility determination
Discuss the student's academic progress
Draft the initial service agreement or review/modify the current service agreement
Review placement of student
Discuss the results of a reevaluation
Other: [redacted]

The following records/data will be discussed at the meeting:

[redacted]

The meeting has been scheduled for:

Date [redacted] Time [redacted] [redacted] A.M. [redacted] P.M.

The following people will be invited to the meeting:

[redacted]

If you would like any additional people to attend this meeting, if you have any questions or if it is not possible for you to attend on the date and time listed above, please contact me as soon as possible.

Building Administrator [redacted]
School Address [redacted]
School Phone [redacted]

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Appendix L: Section 504 - Form 6 Eligibility Determination 2017.3.docx

## WARREN COUNTY SCHOOL DISTRICT

### Chapter 15/Section 504 Eligibility Determination Report



Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  M

BWMS  WAEC  WAHS  EES  EMHS  YEMS  YHS  SAES  SAMHS Grade \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home Phone # \_\_\_\_\_

Address \_\_\_\_\_ Cell/Work Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

#### I. Eligibility Team: Members must print name and position and sign.

Name (Print)	Role/Position	Signature
	Parent	
	Guidance or Nurse	
	LEA/Principal	
	Teacher	

#### Reason for 504 meeting:

- Initial Evaluation  Periodic Reevaluation  Reevaluation before change in placement

#### Information Reviewed to Determine Eligibility: (check all that apply)

- Psychological/Psychoeducational Evaluation\* *or*  Physician's Statement\*  
*\*attach copies*
- Parent Input  Report Card  Discipline Records  
 Teacher Input  Work Sample(s)  Cumulative Academic Transcript  
 Medical Report(s)  Attendance Records  State Assessment Results  
 Other \_\_\_\_\_

CONTINUE TO NEXT PAGE



## II. Eligibility Criteria

1.  Yes  No Does the student have a physical or mental impairment supported by documentation or other reliable evidence (e.g., medical records, testing, observations, etc.)?

If "No", proceed no further. The child is not a protected child under Section 504.

If "Yes," Specify the mental, physical, or health impairment(s): \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

2.  Yes  No Does the impairment affect one or more major life activities of the student such that the student is substantially restricted and/or prohibited from participating in or having access to any aspect of the school program?

If "No" major life activity is affected by the physical or mental impairment, proceed no further. The child is not a protected child under Section 504.

If yes, check the major life activity(ies) affected by the impairment:

- |   |                                    |  |
|---|------------------------------------|--|
| <input type="checkbox"/> Seeing                               | <input type="checkbox"/> Working   | <input type="checkbox"/> Speaking or communicating                             |
| <input type="checkbox"/> Sleeping                             | <input type="checkbox"/> Eating    | <input type="checkbox"/> Performing Manual Tasks                               |
| <input type="checkbox"/> Standing                             | <input type="checkbox"/> Walking   | <input type="checkbox"/> Learning (including reading, thinking, concentrating) |
| <input type="checkbox"/> Hearing                              | <input type="checkbox"/> Breathing |  |
| <input type="checkbox"/> Major body functions (specify) _____ |                                    |  |
| <input type="checkbox"/> Other (specify) _____                |                                    |  |

The team must focus on the major life activity as a whole (e.g., learning), not on a particular class (e.g., math) or sub-area (e.g., socialization, study skills). A description of how the major life activity is affected provided: \_\_\_\_\_

\_\_\_\_\_

### Other Factors

Mitigating Measures, Including Medication: (Note: Mitigating measures, in and of themselves, cannot be used to exclude from Chapter 15/504 eligibility). If mitigating measures are present, please describe:

\_\_\_\_\_  
 \_\_\_\_\_

Other circumstances: The student's limited academic &/or behavioral performance  is or  is not caused by cultural, economic and environmental circumstances. If it is, please explain:

\_\_\_\_\_  
 \_\_\_\_\_

CONTINUE TO NEXT PAGE



**3. Is the student “substantially limited” in the identified major life activity(ies)?**

**Guidelines**


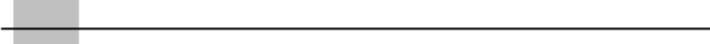
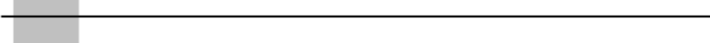
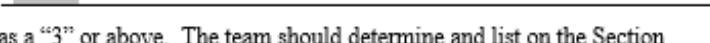
Make an educated estimate regarding eligibility of student by eliminating the effect of **mitigating measures**, such as medication; low vision devices (except eye glass or contact lenses); hearing aids and cochlear implants; mobility devices; prosthetics, assistive technology; learned behavioral or adaptive neurological modifications; and reasonable accommodations or auxiliary aids/services.

For impairments that are **episodic or in remission**, make the determination for the time they are active. For **temporary disabilities**, OCR has stated that a temporary impairment does not constitute a disability for purposes of Section 504 unless it results in a substantial limitation of a major life activity for an “extended period of time.” Congress clarified in the ADAAA that an individual is not “regarded as” an individual with a disability if the impairment is “transitory and minor.” A transitory impairment is impairment with an actual or expected duration of 6 months or less. (ADAAA FAQ: 34 and 1)

The term “substantially limited” means that the student is unable to perform a major life activity that the average student of approximately the same age can perform *OR* the student is significantly restricted as the condition, manner or duration under which a particular life activity is performed as compared to the average student of approximately the same age. The impairment must be substantial and somewhat unique, rather than commonplace, when compared to the average student of approximately the same age. Discount from the analysis any sub-par performance due to other factors, such as lack of motivation and/or the immediate situation or environment. Use the average student in the general population as the frame of reference for comparison.

**Scale**

Place an “X” on the scale to indicate the specific degree that the impairment (in#1) limits the major life activity (in #2). For an “X” at 3 or above, fill in specific information evaluated by the team that justifies the rating:

<input type="checkbox"/>	4 - Extremely	
<input type="checkbox"/>	3 - Substantially	
<input type="checkbox"/>	2 - Moderately/Mildly Affected	
<input type="checkbox"/>	1 - No Discernible Impact	

Yes The Team’s determination was a “3” or above. The team should determine and list on the Section 504/Chapter 15 Service Agreement the specific accommodations that are necessary for the student to have an opportunity commensurate with non-disabled students of approximately the same age in the school district. Provide notice to parents of their procedural rights.

**OR**

No The Team’s determination was less than a “3.” The student is not eligible for Section 504/Chapter 15 protections. District must provide *Procedural Safeguards Letter* to parents, which describes to them their procedural rights, including their right to a formal due process hearing.

CONTINUE TO NEXT PAGE



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4.  Yes  No Is a service or accommodation needed as a result of the disability to enable a student to attend or participate in a program or activity safely and in a manner consistent with attendance and participation of non-disabled students?

---

If "yes" was answered for all four questions, the student is entitled to accommodations and services under Section 504 made necessary by the disability so that the student can access or attend programs or activities safely and a Chapter 15/Section 504 Service Agreement should be developed.

The team has recommended a Chapter 15/Section 504 Service Agreement for this student  Yes  No



Appendix M: Section 504 - Form 6A 10-Day Waiver 2017.3.doc

**WARREN COUNTY SCHOOL DISTRICT**

**Chapter 15/ Section 504 Waiver Form**

Student  Dated

Yes  No I agree to waive the ten day period between the Chapter 15/Section504 Eligibility Determination Report – Team meeting and the development of Annual Chapter 15/504 Service Agreement Meeting.

Parent Name \_\_\_\_\_  
Parent Signature \_\_\_\_\_  
Date \_\_\_\_\_



## Appendix N: Section 504 - Form 7 Service Agreement 2017.3.doc

### WARREN COUNTY SCHOOL DISTRICT Chapter 15/Section 504 Service Agreement

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Pa Secure ID \_\_\_\_\_  
 BWMS  WAEC  WAHS  EES  EMHS  YEMS  YHS  SAES  SAMHS Grade \_\_\_\_\_

Date Services Begin \_\_\_\_\_ Date Services End \_\_\_\_\_  
 Initial Agreement \_\_\_\_\_ Modified Agreement \_\_\_\_\_

Describe the nature of the concern:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe the basis for the determination that the student has a mental or physical disability:

\_\_\_\_\_

\_\_\_\_\_

Describe how the mental or physical disability substantially limits or prohibits participation in or access to an aspect of the student's school program:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The Chapter 15/Section 504 Team has reviewed the recent evaluation concerning your child and other relevant information and records and concludes the student's mental and/or physical disability substantially limits or prohibits participation in or access to an aspect of the student's school program *without* the following aids, services and/or accommodations:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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The following procedures need to be followed in the event of a medical emergency:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The *Procedural Safeguards Letter* outlines your rights to resolve any disputes that you may have concerning the recommended aids, services, accommodations or emergency plan. If you have any questions concerning your rights or the aids, services, or accommodations recommended, please feel free to contact me.

\_\_\_\_\_  Procedural Safeguards Letter Attached

School District Administrator Date

**DIRECTIONS:** Please check one of these options and sign the form.

- I agree with the proposed Service Agreement and give permission to proceed as recommended.
- I would like to schedule an informal conference to discuss my concerns.
- I do not agree and do not give permission to proceed as recommended.

My reason for disapproval is: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Date

Parent(s) Signature(s)\*

*\*I have received and understand the contents of the Procedural Safeguards Letter.*

1/2017  
Copies to: School File, Parent, Teachers, Others as Needed

#1764414.v1



Appendix O: Section 504 - Form 8 Staff Notification 2017.3.docx

WARREN COUNTY SCHOOL DISTRICT  
Chapter 15/ Section 504 Staff Notification Letter



Date \_\_\_\_\_

Dear \_\_\_\_\_  
*Name of Staff Member*



Attached please find the Section 504/Chapter 15 Service Agreement developed for:

\_\_\_\_\_      \_\_\_\_\_  
Student Name      Grade

Section 504/Chapter 15 regulations protect otherwise qualified handicapped students who have physical, mental, and/or health impairments from discrimination because of those impairments. The law and its regulations require public education agencies to ensure that these students have equal opportunity to participate in the school program and extracurricular activities to the maximum extent appropriate to the ability of the protected handicapped student in question. School districts are required to provide these students with the aids, services and accommodations that are designed to meet the educational needs of protected handicapped students as adequately as the needs of the non-handicapped students are met.

The attached Section 504/Chapter 15 Service Agreement is a written agreement between the student's parents and the Warren County School District that sets forth specific related aids, services, and/or accommodations needed to provide this student to access or safely participate in school programs or activities. It is important to realize that Chapter 15/ Section 504 is not an aspect of Special Education; rather, it is a Civil Rights Law and is the responsibility of the general public education system. Failure to implement the attached Chapter 15 /Section 504 Service Agreement could result in legal proceedings.

I acknowledge receipt and understanding of the attached Chapter 15/Section504 Service Agreement. I will maintain the confidentiality of this document as required by law and Warren County School District policy.

\_\_\_\_\_  
Staff Member Signature

\_\_\_\_\_  
Date

Please return this form within one (1) week of the date listed above to

\_\_\_\_\_  
Building Administrator or Designee



**WARREN COUNTY SCHOOL DISTRICT**  
Chapter 15/Section 504 Manifestation Determination

Date of Manifestation Meeting: \_\_\_\_\_

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  M

BWMS  WAEC  WAHS  EES  EMHS  YEMS  YHS  SAES  SAMHS Grade \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home Phone # \_\_\_\_\_

Address \_\_\_\_\_ Cell/Work Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Describe the alleged incident/behavior that initiated this meeting: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1. Has the student been suspended before:
  - Yes
  - No
  
2. Have disciplinary concerns been increasing?
  - Yes
  - No
  - Other: \_\_\_\_\_
  
3. Does the student have a current Positive Behavior Support Plan?
  - Yes
  - No
  
4. Is the student's Ch15/Section 504 Agreement addressing the student's disability-related needs?
  - Yes
  - No
  
5. Were the services, modifications and/or modifications defined in the student's Ch 15/Section 504
  - Yes
  - No

CONTINUE TO NEXT PAGE



- 6. Did the student's Ch15/Section 504 disability impair his/her understanding of the impact and
  - Yes
  - No
  
- 7. Did the student's Ch15/Section 504 disability impair his/her control of the misbehavior?
  - Yes
  - No

Is the student's behavior a manifestation of his/her identified Ch15/Section 504 disability?

Agree	Disagree	Signature	Title
<input type="checkbox"/>	<input type="checkbox"/>		Parent
<input type="checkbox"/>	<input type="checkbox"/>		Student
<input type="checkbox"/>	<input type="checkbox"/>		Principal/LEA
<input type="checkbox"/>	<input type="checkbox"/>		Regular Education Teacher
<input type="checkbox"/>	<input type="checkbox"/>		School Counselor
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		



Appendix Q: Dewey PBSP.pdf

**Behavior Support Plan**

**CONFIDENTIAL – FOR TEACHER OR STAFF USE ONLY**

**For behavior interfering with the student's learning or the learning of others**

This BSP attaches to . . .

IEP date: \_\_\_\_\_  504 plan date: \_\_\_\_\_  Team meeting date: \_\_\_\_\_

Student name \_\_\_\_\_

Today's date \_\_\_\_\_ Next review date \_\_\_\_\_

1. The behavior impeding learning is . . . (Describe what it looks like.)  
 \_\_\_\_\_  
 \_\_\_\_\_
2. It impedes learning because . . .  
 \_\_\_\_\_  
 \_\_\_\_\_
3. The need for a BSP is  early-stage intervention  moderate  serious  extreme.
4. Frequency, intensity, or duration of behavior:  
 \_\_\_\_\_  
 reported by \_\_\_\_\_  observed by \_\_\_\_\_

**PART I: PREVENTION – ENVIRONMENTAL FACTORS AND NEEDED CHANGES**

5. What are the predictors for the behavior (situations in which the behavior is likely to occur—people, time, place, subject, etc.)?  
 \_\_\_\_\_  
 \_\_\_\_\_
6. What supports the student using the problem behavior? (What is missing or what needs changing in the environment or curriculum?)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Remove student's need to use the problem behavior.**

7. What environmental changes, structure, and supports are recommended to remove the student's need to use this behavior?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Who will establish the above? \_\_\_\_\_
- Who will monitor the above? \_\_\_\_\_

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**PART II: ALTERNATIVES—FUNCTIONAL FACTORS AND NEW BEHAVIORS TO SUPPORT**

8. Team believes the behavior occurs because (function of behavior in terms of obtaining, protesting, or avoiding something):

\_\_\_\_\_

\_\_\_\_\_

**Support an alternative behavior that meets same need.**

9. What does the team believe the student should do instead of the problem behavior? (How should the student escape, protest, or avoid the behavior or get his or her need met in an acceptable way?)

\_\_\_\_\_

\_\_\_\_\_

10. What teaching strategies, curriculum, or materials are needed to teach the alternative behavior?

\_\_\_\_\_

\_\_\_\_\_

By whom? \_\_\_\_\_

How frequently? \_\_\_\_\_

11. What are reinforcers to use for establishing, maintaining, and generalizing the new behavior(s)?

\_\_\_\_\_

\_\_\_\_\_

Selection of reinforcer based on . . .

reinforcer for using replacement behavior     reinforcer for general increase in positive behaviors

By whom? \_\_\_\_\_

How frequently? \_\_\_\_\_

**PART III: REACTIONS—STRATEGIES FOR RESPONDING TO PROBLEM RECURRENCE**

12. What strategies will be employed if the problem behavior occurs again (prompt student to switch to the replacement behavior, review negative consequences of undesirable behavior, etc.)?

\_\_\_\_\_

\_\_\_\_\_

By whom? \_\_\_\_\_

**PART IV: OUTCOME – BEHAVIORAL GOALS**

13. Behavioral goal(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The above behavioral goal(s) is to . . .

- reduce frequency of problem behavior     increase use of replacement behavior
- develop new general skills that remove student's need to use the problem behavior

**Conclusions**

- Yes     No    Are curriculum accommodations or modifications also necessary?  
If so, where are they described? \_\_\_\_\_
- Yes     No    Are environmental supports or changes necessary?
- Yes     No    Is reinforcement of alternative behavior alone enough? (No new teaching is necessary.)
- Yes     No    Are both teaching of new alternative behavior and reinforcement needed?
- Yes     No    Is this BSP to be coordinated with other agencies' service plans?

Person responsible for contact among agencies: \_\_\_\_\_

**PART V: COMMUNICATION**

Type and frequency of communication (all participants):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Among \_\_\_\_\_

How frequently? \_\_\_\_\_

**PART VI: PARTICIPANTS IN PLAN DEVELOPMENT**

- Student \_\_\_\_\_
- Parent or guardian \_\_\_\_\_
- Educator and title \_\_\_\_\_
- Educator and title \_\_\_\_\_
- Educator and title \_\_\_\_\_
- Administrator \_\_\_\_\_
- Administrator \_\_\_\_\_
- Other \_\_\_\_\_
- Other \_\_\_\_\_

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Appendix R: FBA One-Time Serious Incident Form 2017.1.docx

## Warren County School District

Functional Behavioral Assessment  
One-Time Serious Incident Form

STUDENT NAME \_\_\_\_\_ FBA TEAM MEETING DATE \_\_\_\_\_

Instructions: Use this form to examine the possible function of the one-time serious incident. First, describe the one inappropriate behavior that was identified for the FBA (all FBA information should be collected on that behavior).

Complete both pages of this form. All applicable sources of information should be gathered and reviewed by the team. As a team, complete summary page and determine hypothesis.



INAPPROPRIATE BEHAVIOR \_\_\_\_\_

REQUIRED SOURCES OF INFORMATION				
1. Records Review	<input type="checkbox"/>	Education history/testing	<input type="checkbox"/>	Intervention data/graphs
	<input type="checkbox"/>	Attendance history	<input type="checkbox"/>	IEP
	<input type="checkbox"/>	Discipline records	<input type="checkbox"/>	Classroom logs/notes
	<input type="checkbox"/>	Medical/medication history	<input type="checkbox"/>	Developmental/Social History
	<input type="checkbox"/>	Diagnostic evaluations	<input type="checkbox"/>	Other: _____
	<input type="checkbox"/>	Previous FBA, PBIP, or interventions		
2. Parent or Guardian Interview		Date Completed	Interviewee	
		_____	_____	
3. Teacher or Staff Interview		Date Completed	Interviewee	
		_____	_____	

Next page...

FBA One-Time Serious Incident Form 2016.12.1

WARREN COUNTY SCHOOL DISTRICT  
Request #: 00247048

Date: DECEMBER 8, 2017  
Page: 44 of 53



<p><b>FUNCTION</b></p> <p>After reviewing the data on antecedents and consequences, what "payoff" does the student obtain when he/she demonstrates the inappropriate behavior?</p> <p><i>Check all that apply.</i></p>	<p><b>HYPOTHESIS</b></p> <p>Based on the primary function identified, write a hypothesis statement describing why the student is engaging in the inappropriate behavior.</p> <p>Example: When working on independent seatwork during his regular education math class, the student breaks his pencils and throws them in order to escape work that is too difficult.</p>
<p>The student <b>GAINS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Teacher/adult attention</li> <li><input type="checkbox"/> Peer attention/acceptance</li> <li><input type="checkbox"/> Desired items</li> <li><input type="checkbox"/> Preferred activities/privileges</li> <li><input type="checkbox"/> Control over others or situations</li> <li><input type="checkbox"/> Sensory stimulation (input)</li> </ul> <p>The student <b>AVOIDS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Teacher/adult attention</li> <li><input type="checkbox"/> Peer attention</li> <li><input type="checkbox"/> Non-preferred activity</li> <li><input type="checkbox"/> Instructional task (difficult, boring, repetitive, etc.)</li> <li><input type="checkbox"/> Non-preferred seating</li> <li><input type="checkbox"/> Non-preferred social seating</li> <li><input type="checkbox"/> Non-preferred social interaction</li> <li><input type="checkbox"/> A transition</li> <li><input type="checkbox"/> Aversive physical sensation</li> <li><input type="checkbox"/> Sensory stimulation (reduction)</li> </ul>	<p><b>WHEN</b> (describe Antecedents)</p> <p>_____</p> <hr/> <p><b>THE STUDENT</b> (describe inappropriate behavior)</p> <p>_____</p> <hr/> <p><b>IN ORDER TO</b> (state the function)</p> <p>_____</p>

A function of the behavior was unable to be determined.



**Warren County School District**  
Functional Behavioral Assessment

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age   M  F  
 BWMS  WAEC  WAHS  EES  EMHS  YEMS  YHS  SAES  SAMHS Grade \_\_\_\_\_  
 Date of Permission Received (if applicable) \_\_\_\_\_  Special Education  Regular Education  
 If Special Education, list exceptionalities \_\_\_\_\_

**STEP 1: IDENTIFY THE PROBLEM BEHAVIOR**

For what reason(s) was the Functional Behavior Assessment (FBA) initiated? (Check all that apply)	
<input type="checkbox"/>	The student's behavior consistently disrupts the learning environment.
<input type="checkbox"/>	The student's behavior is not consistently disruptive, but requires proactive interventions to prevent further escalation.
<input type="checkbox"/>	The student's behavior places the student or others at risk of harm and/or results in substantial property damage.
<input type="checkbox"/>	Behavioral concerns are resulting in exclusion from participation in activities or settings with peers.
<input type="checkbox"/>	The educational team is considering a more restrictive placement due to behavioral concerns.
<input type="checkbox"/>	Current intervention involves excessively intrusive procedures (e.g., secured seclusion, therapeutic hold).
<input type="checkbox"/>	The student's behavior persists despite behavior management strategies that were previously implemented consistently.
<input type="checkbox"/>	The student's behavior interferes with his/her learning.
<input type="checkbox"/>	The student's behavior interferes with the learning of his/her peers.
<input type="checkbox"/>	One time incident.
<input type="checkbox"/>	Other: _____
Briefly summarize a history of the student's inappropriate behaviors that prompted this FBA. _____	
Identify ONE inappropriate behavior to be addressed for intervention. Define the behavior by using the specific terms that ensure the behavior can be easily observed and recorded by all parties involved (the description should be objective, measurable, and observable).	
Inappropriate Behavior: _____	
Behavior Definition: _____	



## STEP 2: GATHER SOURCES OF INFORMATION

**REQUIRED SOURCES:** At a minimum, the FBA Planning Form items one through four should be attached to the FBA.

- Records review
- Parent or Guardian Interview
- Teacher and/or school personnel interview
- Two (2) functional assessment observations - one observation must be from the school psychologist (minimum 20 minutes)

**OPTIONAL SOURCES** (written parental consent required)

- Baseline Data
- Student Interview

### Data Collection Summary

Check the type of data collected on the inappropriate behavior.		
<input type="checkbox"/> Daily Frequency Rate	<input type="checkbox"/> Interval Recording Sheet	<b>Optional</b>
<input type="checkbox"/> Behavior Duration Chart	<input type="checkbox"/> ABC Analysis	<input type="checkbox"/> Other <input type="checkbox"/>
<input type="checkbox"/> ABC Chart	<input type="checkbox"/> Time Sampling Record	<input type="checkbox"/> MAS
		<input type="checkbox"/> FAST
Summary of Data		



## Summary of Student Interview

█

### STEP 3: SUMMARIZE ASSESSMENT DATA

**Strengths/Skills:** What are the student's strengths? When is the student most successful (e.g., academically, behaviorally, socially)?

█

**Setting Events:** What events or conditions affect how the student responds to situations? Check all that apply. *The following are examples of possible setting events. Setting events can be environmental, physiological, social, or related to learning and self-reflection.*

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Change in teacher            | <input type="checkbox"/> Changed/missed medication  | <input type="checkbox"/> Difficulty with peer(s)    |
| <input type="checkbox"/> Change in living environment | <input type="checkbox"/> Side effects of medication | <input type="checkbox"/> Stress from home/community |
| <input type="checkbox"/> Crowded conditions           | <input type="checkbox"/> Pain                       | <input type="checkbox"/> Vision                     |
| <input type="checkbox"/> Noisy environment            | <input type="checkbox"/> Illness                    | <input type="checkbox"/> Hearing                    |
| <input type="checkbox"/> Curricular issues            | <input type="checkbox"/> Atypical sensory needs     | <input type="checkbox"/> Anxiety                    |
| <input type="checkbox"/> Insufficient sleep           | <input type="checkbox"/> Depression                 | <input type="checkbox"/> Death of a family member   |
| <input type="checkbox"/> Hunger / Thirst              | <input type="checkbox"/> Previous Arguments         | <input type="checkbox"/> Loss or Failure            |
| <input type="checkbox"/> Skill deficit                | <input type="checkbox"/> Medical condition          |   |

Comments/Other: █





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<b>Antecedents:</b> What is most likely to “trigger” or immediately precede the inappropriate behavior? Check all that apply in relation to the inappropriate behavior being assessed.				
When is the inappropriate behavior most likely to occur?	<input type="checkbox"/>	Morning, list time(s):	<input type="checkbox"/>	After School
	<input type="checkbox"/>	Afternoon, list time(s):	<input type="checkbox"/>	Recess
	<input type="checkbox"/>	Before school	<input type="checkbox"/>	Time of day has no influence
	<input type="checkbox"/>	Other: [ ]		
Where does the inappropriate behavior usually occur?	<input type="checkbox"/>	Classroom	<input type="checkbox"/>	Unstructured setting
	<input type="checkbox"/>	Cafeteria	<input type="checkbox"/>	Location doesn't influence behavior
	<input type="checkbox"/>	Bus	<input type="checkbox"/>	Hallway
	<input type="checkbox"/>	Playground/Recess	<input type="checkbox"/>	Bathroom
	<input type="checkbox"/>	Gym		
	<input type="checkbox"/>	Other: [ ]		
During what subject area or activity is the inappropriate behavior most likely to occur?	<input type="checkbox"/>	Subject		
	<input type="checkbox"/>	Group Activities	<input type="checkbox"/>	Task explanations
	<input type="checkbox"/>	1:1 instruction	<input type="checkbox"/>	Free Play
	<input type="checkbox"/>	Transitions	<input type="checkbox"/>	Unstructured Activity
	<input type="checkbox"/>	Independent	<input type="checkbox"/>	No influence on behavior
	<input type="checkbox"/>	Lesson Presentation		
	<input type="checkbox"/>	Other: [ ]		
Who is present when the inappropriate behavior usually occurs?	<input type="checkbox"/>	Teacher	<input type="checkbox"/>	Other staff
	<input type="checkbox"/>	Classmates	<input type="checkbox"/>	Other peers
	<input type="checkbox"/>	No influence on behavior		
	<input type="checkbox"/>	Therapist: [ ]		
	<input type="checkbox"/>	Other: [ ]		
Is there any event or condition that immediately precedes the inappropriate behavior?	<input type="checkbox"/>	Lack of attention or attention is given to others	<input type="checkbox"/>	Preferred activity interrupted or terminated
	<input type="checkbox"/>	Non-preferred/difficult task	<input type="checkbox"/>	Loss of privilege
	<input type="checkbox"/>	Non-preferred activity	<input type="checkbox"/>	Touch/Physical contact w/ student
	<input type="checkbox"/>	Non-preferred social interaction	<input type="checkbox"/>	Transition from preferred/non-preferred activity
	<input type="checkbox"/>	Demand or request to student	<input type="checkbox"/>	Reprimand was given
	<input type="checkbox"/>	Changes in schedule or routine	<input type="checkbox"/>	Denied access to a preferred item or activity
	<input type="checkbox"/>	Behavior consequences	<input type="checkbox"/>	A particular sound, sight, etc.
	<input type="checkbox"/>	Request was denied/told no	<input type="checkbox"/>	Peer comments/teasing
	<input type="checkbox"/>	Other: [ ]		
Comments/Other: [ ]				



**Consequences:** What is most likely to immediately follow the occurrence of the inappropriate behavior?  
*Check all that apply in relation to the inappropriate behavior being assessed.*

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Verbal reprimand/Corrective feedback from teacher/adult | <input type="checkbox"/> Student is given time to relax and regroup      | <input type="checkbox"/> Student does not complete work or activity       |
| <input type="checkbox"/> Laughing/comments/teasing from peers                    | <input type="checkbox"/> Soothing/calming interaction from teacher/adult | <input type="checkbox"/> Loss of time with a preferred person or activity |
| <input type="checkbox"/> Scared or shocked reaction from others                  | <input type="checkbox"/> Assignment is shortened or terminated           | <input type="checkbox"/> Loss of points (reward/incentive system)         |
| <input type="checkbox"/> Eye contact   | <input type="checkbox"/> Loss of privileges                              | <input type="checkbox"/> In-class time-out                                |
| <input type="checkbox"/> Sensory stimulation                                     | <input type="checkbox"/> Behavior is ignored                             | <input type="checkbox"/> Out-of-class time-out                            |
| <input type="checkbox"/> Removal from the setting                                | <input type="checkbox"/> Another student is moved away                   | <input type="checkbox"/> Secured Seclusion                                |
| <input type="checkbox"/> Student is given access to a preferred activity/item    | <input type="checkbox"/> Removal to a different area of the room         | <input type="checkbox"/> Law enforcement/legal involvement                |

Comments/Other:

**Previous Interventions:** What has been consistently implemented to change the inappropriate behavior?  
*Check all that apply in relation to the inappropriate behavior being assessed.*

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> In-class time-out         | <input type="checkbox"/> Environmental modifications                          | <input type="checkbox"/> Behavior or academic contract                   |
| <input type="checkbox"/> Out-of-class time-out     | <input type="checkbox"/> Reward/point system                                  | <input type="checkbox"/> Verbal reprimands/corrections                   |
| <input type="checkbox"/> Time in office            | <input type="checkbox"/> Curriculum modifications                             | <input type="checkbox"/> Redirection techniques                          |
| <input type="checkbox"/> Loss of privileges        | <input type="checkbox"/> Modified instruction                                 | <input type="checkbox"/> Referral to guidance or intervention specialist |
| <input type="checkbox"/> Student conference        | <input type="checkbox"/> Schedule adjustment                                  | <input type="checkbox"/> Counseling by <input type="text"/>              |
| <input type="checkbox"/> Parent conference/contact | <input type="checkbox"/> Setting limits (expectations, rules, & consequences) | <input type="checkbox"/> Safety Plan                                     |
| <input type="checkbox"/> Detention                 | <input type="checkbox"/> Home/school communication system                     |  |
| <input type="checkbox"/> Supervised study          |   |  |
| <input type="checkbox"/> Out of school suspension  |   |  |

Comments/Other:

**Preferences & Reinforcers:** What school-related items and activities are most enjoyable to the student? Are there special items, activities, privileges, or social interactions that could serve as special rewards for appropriate behavior (e.g., praise, hug, stickers, line reader, breaks from work, computer time, positive notes, etc.)?



## STEP 4: FORMULATE SUMMARY STATEMENTS

<p><b>FUNCTION:</b> After reviewing the data on antecedents and consequences, what <b>“payoff”</b> does the student obtain when she/he demonstrates the inappropriate behavior?</p> <p><i>Check only what applies.</i></p>	<p><b>HYPOTHESIS:</b> Based on the primary function identified, write a hypothesis statement describing why the student is engaging in the inappropriate behavior.</p> <p><i>Example: When working on independent seatwork during his regular education math class, this student breaks his pencils and throws them in order to escape work that is too difficult.</i></p>
<p><b>The student GAINS...</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Teacher/adult attention</li> <li><input type="checkbox"/> Peer attention/acceptance</li> <li><input type="checkbox"/> Desired items</li> <li><input type="checkbox"/> Preferred activities/privileges</li> <li><input type="checkbox"/> Control over others or situations</li> <li><input type="checkbox"/> Sensory stimulation (input)</li> </ul> <p><b>The student AVOIDS or ESCAPES...</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Teacher/adult attention</li> <li><input type="checkbox"/> Peer attention</li> <li><input type="checkbox"/> Non-preferred activity</li> <li><input type="checkbox"/> Instructional task (difficult, boring, repetitive, etc.)</li> <li><input type="checkbox"/> Non-preferred seating</li> <li><input type="checkbox"/> Non-preferred social interaction</li> <li><input type="checkbox"/> A transition</li> <li><input type="checkbox"/> Aversive physical sensation</li> <li><input type="checkbox"/> Sensory stimulation (reduction)</li> </ul>	<p><b>WHEN (describe antecedents)</b></p> <p>_____</p> <hr/> <p><b>THE STUDENT (describe inappropriate behavior)</b></p> <p>_____</p> <hr/> <p><b>IN ORDER TO (state the function)</b></p> <p>_____</p>

CONTINUE TO NEXT PAGE



Is the student's failure to perform an appropriate alternative behavior due primarily to a:

- Skill Deficit** (the student does not understand how to perform the appropriate behavior/skill), select all that apply
  - Academic Skills**  
Task requirements as presented are not at the student's instructional level in the core areas of Reading, Math, or Writing.
  - Participation Skills**  
The student has difficulty with participating in non-directed, semi-directed, teacher-directed, or peer-directed activities. The student has difficulty in small or large group instruction.
  - Social Skills**  
The student has difficulty acquiring and/or maintaining peer friendships. The student often withdraws from social interaction. The student is often verbally and/or physically aggressive in social interactions.
  - Communication Skills**  
The student has difficulty requesting what he/she needs, including items, activities, attention, information, changes in the environment, or help. He/she has difficulties in conversational skills and answering questions, understanding nonverbal or verbal language, or following directions.
  - Organizational Skills**  
The student has difficulty organizing school supplies, study area, time or projects, organizing class notes, or dividing assignments into tasks.
  - Self-Regulation Skills**  
The student has difficulties staying on-task; completing work assignments; handling stressful situations; calming self when agitated; following rules; or difficulty transitioning between activities, places, or people. The student has difficulty with problem solving.
  - Study Skills**  
The student has difficulty studying for tests, taking tests, taking notes from lectures, or using studying techniques.
  - Motor Skills**  
The student has difficulty with gross motor skills (e.g., running, raising arms, putting feet together, squatting, bending at waist, ) or fine motor skills (e.g., pointing, counting with fingers, holding a pencil/pen, holding a fork/spoon, pressing a computer key, using a mouse) . The student has difficulty imitating others' actions.
  - Functional Skills**  
The student has difficulty performing activities of daily living (e.g., eating, dressing, toileting, grooming).
  - Play Skills**  
The student has difficulty actively exploring activities/toys in their environment (inside or outside) to play with during leisure time, playing with the items as designated, or engaging in interactive play with peers during activities.
- Performance Deficit** (the student is capable of performing an appropriate behavior/skill but chooses not to do so)

CONTINUE TO NEXT PAGE



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## Signature Page

Parent (print name)	Parent Signature	Date
Student (print name)	Student Signature	Date
LEA (print name)	LEA Signature	Date
School Psychologist	Signature	Date
General Ed Teacher (print name)	Signature	Date
Special Education Teacher (print name)	Signature	Date
Other (print name)	Signature	Date
Other (print name)	Signature	Date
Other (print name)	Signature	Date