

## PART TWO: STUDENT AND SCHOOL LEVEL REVIEW WITH RECOMMENDATIONS

(To be completed by the LEA or MSDE)

### IDENTIFYING INFORMATION

Date of Incident #10 (20, ...): \_\_\_\_\_

Date of Part Two Submission to MSDE: \_\_\_\_\_

LEA / Public Agency / Nonpublic School Name: \_\_\_\_\_

LEA / Public Agency / Nonpublic School Number: \_\_\_\_\_

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

School Number: \_\_\_\_\_

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

State Assigned Student ID: \_\_\_\_\_

## HISTORY OF BEHAVIOR ASSESSMENT AND PLANNING

Current Functional Behavior Assessment Date: \_\_\_\_\_ N/A

Behavior Intervention Plan Implementation Date: \_\_\_\_\_ N/A

### Functional Behavior Assessment (FBA)

1. If an FBA has not previously been done for the student one should begin immediately.
2. If an FBA has previously been completed for the student (even recently), the FBA should be reviewed by a qualified individual other than the person who previously completed it.

FBA date of development/review: \_\_\_\_\_

Name & Title of individuals conducting/reviewing the FBA:  
\_\_\_\_\_

### Behavior Intervention Plan (BIP)

1. If a BIP has not previously been created for the student, one should be developed immediately using information gleaned from the FBA.
2. If a BIP currently exists, the BIP plan should be reviewed by a qualified individual other than the person who previously developed or reviewed and amended by the IEP team for a Student with Disabilities (SWD).

BIP date of development/review: \_\_\_\_\_

Name & Title of individuals conducting/reviewing the BIP:  
\_\_\_\_\_

## PATTERN OF BEHAVIORAL HEALTH INTERVENTIONS FOR THE STUDENT

<b>Behavior Health Interventions</b> Type of behavior health interventions used or scheduled to be used with the identified student (list individually)	<b>Fidelity of Implementation</b> Frequency, duration of intervention use (when began, how often used, etc.)	<b>Student's Response to the Intervention</b> Is the intervention effective? Could it be modified to increase effectiveness?
	Start Date: _____ Frequency of Implementation: _____	Intervention Effectiveness: _____ Recommendations: _____
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	Start Date: _____ Frequency of Implementation: _____	Intervention Effectiveness: _____ Recommendations: _____
What other relevant personal or environmental information will inform recommendations?		_____

## PATTERN OF BEHAVIOR INTERVENTIONS USED BY THE SCHOOL

The review team should identify schoolwide behavior interventions and approaches currently being implemented at this school to reduce the use of physical restraint or seclusion (nonpublic schools only) for ALL students.

Type of behavior health interventions used (list individually)	Frequency and duration of use (when began, how often used, etc.)	Apparent impact upon student behavior

## RECOMMENDATIONS

The review team should identify recommendations specific to the student and for the school. Recommendations should be listed here as a means of communicating to MSDE and other relevant stakeholders. Recommendations related to the need for additional professional learning, resources, and support at the school to reduce the excessive use of physical restraint or seclusion should be considered.

Student Specific Recommendations	School Specific Recommendations

## MSDE USE ONLY

Student and school level review document due by:

On time?    Yes        No

Date completed student and school level review document received by MSDE:

Explanation of excessive use of restraint or seclusion:

Name of MSDE official receiving notification:

Title of MSDE official receiving notification:

Feedback: