

# SAP Comprehensive Placement Criteria

This packet is to be completed only for special education students who currently have a Behavior Intervention Plan.

Campus Administrator will complete the information below in collaboration with campus staff and district behavior coordinators. Completed documents should be submitted to the SAP Behavior Coordinator for review and discussion.

## PART I - GENERAL INFORMATION

<b>Student Name:</b>		<b>Today's Date:</b>	
<b>ID #:</b>		<b>Grade:</b>	
<b>Home Campus:</b>		<b>D.O.B:</b>	
<b>Parent/Guardian Name(s):</b>			
<b>Address:</b>			
<b>Contact Numbers:</b>			
<b>Principal/Assistant Principal:</b>			

## PART II - SPECIAL EDUCATION INFORMATION

What is/are the student's special education eligibilities?
How long has the student been receiving RTI and what Tier level: receiving support from Administration, behavior liaison, district behavior coordinators and LSSP?
What percentage of the time does the student typically spend in the general education versus special education setting?
What classes does the student attend in general education? Specify whether they more frequently attend core content or elective classes for Secondary students. Specify whether they more frequently attend Specials/Recess compared to core class time for Elementary students?
When in general education, what percentage of the time does the student require direct support from behavior staff or Administration?

What related services is the student currently receiving? Please provide frequency and duration.

If the student is receiving counseling, please identify the provider and contact information:

Does the student have a current Functional Behavior Assessment and current Behavior Intervention Plan (BIP)? When was it developed?

Has the BIP been modified? If so, when did the modified plan go into effect?

Has an interest inventory been completed with the student? If so, what are the student's interests or motivators?

What are the student's strengths (academically, behaviorally, socially)?

Has a Behavior Liaison or Behavior Coordinator been involved? If so, for how long and to what extent?

What are the major behavioral concerns that are prompting school staff to consider a change of placement? Please be specific and identify the timeframe the concerns have existed. Are behaviors documented in TEAMS?

What change in behavior does the campus need to see the most?

### **PART III - WRAP AROUND SERVICES INFORMATION**

Is the student currently, or ever, been involved with the Juvenile Justice system? Please specify circumstances including dates, length, and location(s).

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Does the student currently have a probation officer? If so, please provide name and contact information.

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Does Nurse have knowledge or aware of any medication?? If so, provide information.

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Is the student currently receiving services from an outside psychologist or counselor? If so, provide frequency & duration of services and contact information.

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Does Administration, LSSP or Nurse have knowledge if student has been hospitalized for mental health services or been placed in a residential treatment facility? If so, please provide dates, length of stay, and behavior that resulted in the placement.

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Has a threat assessment been completed for the student either in school or elsewhere? If so, identify the behavior that necessitated the assessment and attach a copy if available.

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**CHECKLIST OF DOCUMENTATION THAT NEEDS TO BE ATTACHED TO  
THIS PLACEMENT CONSIDERATION PACKET**

Please Note: This placement consideration packet is not considered to be complete until all copies of the documentation listed below are received. Incomplete referral packets will not be reviewed.

ITEMS ATTACHED	<input checked="" type="checkbox"/>
Completed Rubric	<input type="checkbox"/>
RTI Intervention/ Behavior Intervention Plan	<input type="checkbox"/>
Threat Assessment (if applicable)	<input type="checkbox"/>
Preference Assessment (if applicable)	<input type="checkbox"/>

Signature of Individuals involved in making placement recommendation and completing this packet (acceptable to add more):

Campus Principal \_\_\_\_\_ Date \_\_\_\_\_

Campus Teacher \_\_\_\_\_ Date \_\_\_\_\_

Behavior Coach \_\_\_\_\_ Date \_\_\_\_\_

Campus Counselor \_\_\_\_\_ Date \_\_\_\_\_

School Psychologist \_\_\_\_\_ Date \_\_\_\_\_

SAP Coordinator \_\_\_\_\_ Date \_\_\_\_\_