

21 RtI – Response to Intervention

Response to Intervention (RtI) is defined as “the change in behavior or performance as a function of an intervention” (Gresham, 1991). RtI is implemented as a leveled or tiered approach to instructional delivery that includes interventions of increasingly higher intensity, based on a student’s need; that is, a multi-tiered system of supports. Assessment data provide the evidence of student learning, and based on this information, decisions are made about the most appropriate instruction, including interventions, that will help a student learn. Likewise, behavior management is addressed in a leveled or tiered approach, and decisions are made about the best behavioral interventions to employ based on assessment and data. A problem-solving method of decision-making is employed and results of efforts are documented. The process is intended to result in better learning opportunities (academic and behavioral) and higher achievement for all students. (Psychological Services Exceptional Student Education & Support Services, School Board of Broward County 2012)

21.1 Tier 1 Teacher Strategies and Activities – ACADEMIC

Activities

Area of Concern: ACADEMIC

Student Number: _____ Created by: _____ Date: _____

Last Name: _____ First Name: _____

School: _____ School Number: _____ Grade Level: ____

Targeted Subject Area: (check all that apply)

- ☐ Reading
- ☐ Math
- ☐ Science
- ☐ Social Studies
- ☐ Writing
- ☐ Elective/Other

Targeted Concerns: (Check all that apply)

- ☐ Assessment/Testing
- ☐ Below-Level skills
- ☐ Class participation
- ☐ Grades
- ☐ Homework
- ☐ Organization of academic skills
- ☐ Organization materials
- ☐ Work completion

Tier 1 Strategies should be effective for approximately 75% to 80% of the class level. If not, the teacher needs to review and make necessary adjustments to the classroom academic plan and/or its implementation.

Instructional Strategies Tried

- ☐ Cooperative Learning
- ☐ Core curriculum supports
- ☐ Differential instruction
- ☐ ESE accommodations as designated in IEP
- ☐ ESOL strategies
- ☐ Organizational support (e.g. Graphic organizer, note taking, etc.)
- ☐ Other volunteer help
- ☐ Professional help
- ☐ Parent volunteer help
- ☐ Peer tutoring/buddy
- ☐ Small group teaching
- ☐ Student data chat
- ☐ Teacher modeling
- ☐ Teacher tutoring
- ☐ Technology support/programs
- ☐ 504 accommodations

Other Strategies Tried

- ☐ Organizational support (e.g. Academic planner, procedures, etc.)
- ☐ Review recent screen results (hearing/vision)
- ☐ Seating change
- ☐ Technology support/equipment

*Employee Handbook 2013-2014***Home-School Communication**

- ☐ Parent phone conference
- ☐ Parent email conference
- ☐ Parent in-school conference
- ☐ Weekly progress report
- ☐ Daily progress reports

Professional Consultation

- ☐ Consulted with peer(s)
- ☐ Consulted with literacy coach
- ☐ Consulted with math specialist
- ☐ Consulted with department/grade level chair
- ☐ Consulted with school counselor
- ☐ Consulted with school administrator
- ☐ Consulted with ESOL Coordinator
- ☐ Consulted with ESE facilitator/specialist
- ☐ Consulted with media specialist

Outcome:

Comment:

21.2 Tier 1 Teacher Strategies and Activities – BEHAVIOR

Area of Concern: BEHAVIOR

Student Number: _____ Created by: _____ Date: _____

Last Name: _____ First Name: _____

School: _____ School Number: _____ Grade Level: ____

Externalized Behaviors of Concern: (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Physical aggression toward others or things | <input type="checkbox"/> Does not interact with teacher/peers |
| <input type="checkbox"/> Verbally aggressive | <input type="checkbox"/> Overly shy or timid |
| <input type="checkbox"/> Arguing | <input type="checkbox"/> Is teased or bullied |
| <input type="checkbox"/> Defiance/non-compliance | <input type="checkbox"/> Does not participate in class/games |
| <input type="checkbox"/> Out of seat/area | <input type="checkbox"/> Self-injurious statements/behaviors |
| <input type="checkbox"/> Tantrums | <input type="checkbox"/> Withdrawn |
| <input type="checkbox"/> Not following directions | <input type="checkbox"/> Belittles self or abilities |
| <input type="checkbox"/> Steals | <input type="checkbox"/> Clings to adults |
| <input type="checkbox"/> Impulsive | <input type="checkbox"/> Cries/appears sad |
| <input type="checkbox"/> Talks excessively | <input type="checkbox"/> Claims illness to avoid school or assignment |
| <input type="checkbox"/> Uses profanity | |

Choose the Most Severe/ Disruptive/Debilitating Behavior (Choose only one:

- ☐ Physical Aggression towards other or thing
- ☐ Verbally Aggressive
- ☐ Arguing
- ☐ Defiance/Non-Compliance
- ☐ Out of Seat/Area
- ☐ Tantrums
- ☐ Not following directions
- ☐ Steals
- ☐ Impulsive
- ☐ Talks excessively
- ☐ Uses profanity
- ☐ Does not interact with teacher/peers
- ☐ Overly shy or timid
- ☐ Is teased or bullied
- ☐ Does not participate in class/games
- ☐ Overly shy or timid
- ☐ Is teased or bullied
- ☐ Does not participate in class/games
- ☐ Self injurious statement/behaviors
- ☐ Withdrawn
- ☐ Belittles self or abilities
- ☐ Clings to adults
- ☐ Cries/Appears to be sad
- ☐ Claims illness to avoid school or assignments

Tier 1 Strategies should be effective for approximately 75% to 80% of the class level. If not, the teacher needs to review and make necessary adjustments to the classroom academic plan and/or its implementation.

CLASSROOM MANAGEMENT STRATEGIES TRIED (Check all strategies tried with the student)

Teachers can be proactive by collecting and documenting written descriptions of interventions, data collection, and progress monitoring for any future CPS Team meetings.

- ☐ Taught specific expectations related to Target Behavior
- ☐ Implemented strategies//reinforcement to increase demonstration of Goal (positive) Behavior
- ☐ Implemented strategies//reinforcement to decrease demonstration of Goal (negative) Behavior
- ☐ Created and implemented class-wide positive behavior plan/token economy
- ☐ Daily/Weekly Progress Notes
- ☐ Individual student conference/data chat
- ☐ Taught problem solving skills
- ☐ Taught positive social skills
- ☐ Modified curriculum/differentiated instructions
- ☐ Modeled appropriate behavior
- ☐ Used corrective feedback
- ☐ Verbal/non-verbal prompts and cues
- ☐ Peer assistance/tutoring
- ☐ Student self-management strategies
- ☐ Contracting
- ☐ Time out

Home-School Communication

- ☐ Parent phone conference
- ☐ Parent email conference
- ☐ Parent in-school conference
- ☐ Weekly progress report
- ☐ Daily progress reports

Professional Consultation

- ☐ Consulted with peer(s)
- ☐ Consulted with literacy coach
- ☐ Consulted with math specialist
- ☐ Consulted with department/grade level chair
- ☐ Consulted with school counselor
- ☐ Consulted with school administrator
- ☐ Consulted with ESOL Coordinator
- ☐ Consulted with ESE facilitator/specialist
- ☐ Consulted with media specialist

Outcome:

Comment:

21.3 PS Team Initial Meeting Notes

Date of Meeting: _____

Name of Student: _____

Grade of student: _____

Team Members present:

| NAME | POSITION |
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Referral Date: _____

Reason for Referral: ☐ Academic ☐ Behavior

Specify:

Student data – Attach or write in relevant student data

☐ **Initial CPS Team Meeting on this student***Review any data or documentation the student's teacher brought to CPS Team***CPS Team Recommendations:** (check one)☐ Initiate/Modify Tier 1 strategies*(Send back to teacher with comments entered below)*☐ Initiate new Tier 2 interventions*(Set next meeting date below then proceed to create Tier 2 plan)*☐ Initiate new Tier 3 interventions*(Set next meeting date below then proceed to create Tier 3 plan)*☐ Refer Teacher to other professional support: Referred to: _____ Date: _____*(Set next meeting date below - auto create referral to SSW if applicable)*☐ Refer Student to outside behavior support: Referred to: _____ Date: _____*(Set next meeting date below then proceed to 3rd party partner referral process)***Next CPS Team meeting on this student:**Date: _____ or ☐ N/A (no next meeting if sent back to teacher)

Additional Comments: _____

21.4 CPS Team Follow-Up Meeting Notes

Date of Meeting: _____

Name of Student: _____

Grade of student: _____

Team Members present:

| NAME | POSITION |
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Referral Date: _____

Reason for Referral: ☐ Academic ☐ Behavior

Specify:

Student data – Attach or write in relevant student data

Student is currently receiving: (choose one)

- ☐ Tier 1 strategies
- ☐ Tier 2 interventions
- ☐ Tier 3 interventions

Review and attach graphic representation of baseline and intervention data

Response to Intervention: (If either “Poor” or Questionable” choose next action below)

- ☐ Poor
- ☐ Questionable

- ☐ Modify Tier 2 interventions
(Set next meeting date below then proceed back to the Tier 2 plan for modification)
- ☐ Initiate/Modify Tier 3 interventions
(Set next meeting date below then proceed to modify or create Tier 3 plan)
- ☐ Refer Teacher to other professional support
Referred to: _____ Date: _____
(Set next meeting date below - create referral to SSW if applicable)
- ☐ Refer Student to outside behavior support
Referred to: _____ Date: _____
(Set next meeting date then proceed to 3rd party partner referral process)

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☐ Positive: (choose one)

☐ Continue to implement interventions as designed

☐ Fade intervention to Tier 1 and continue progress monitoring

☐ Fade intervention to Tier 2 and continue progress monitoring

Parent contact to share graphic representation of student progress to be completed by:

Name: _____ Meeting date with parent: _____

Next CPS Team meeting on this student: Date: _____ or ☐☐ N/A ☐

Additional Comments:

Tier 1 strategies should be effective for approximately 75% to 80% of the classroom. If not, review and make necessary adjustments to the classroom management plan and/or its implementation.

☐ Teacher has implemented Tier 1 strategies with fidelity

☐ Student has access to Tier 1 strategies (See Teacher Activities and Strategies)

☐ Student is not responding to Tier 1 strategies

☐ 75% (or more*) of the classroom does not have similar problems of this frequency, duration, or intensity.

Date of Referral:

☐ Home work/class work ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Classroom Participation ☐ Testing concerns

☐ Externalized Behaviors of Concern:

- ☐ Physically aggression towards others or things
- ☐ Verbally aggressive
- ☐ Arguing
- ☐ Defiance/non-compliance
- ☐ Out of seat/area
- ☐ Tantrums
- ☐ Not following directions
- ☐ Steals
- ☐ Impulsive
- ☐ Talks excessively
- ☐ Uses profanity

☐ Internalized Behaviors Concerns:

- ☐ Does not interact with teacher/peers
- ☐ Overly shy or timid
- ☐ Is teased or bullied
- ☐ Does not participate in class/games
- ☐ Self-injurious statements/behaviors
- ☐ Withdrawn
- ☐ Belittles self or abilities
- ☐ Clings to adults
- ☐ Cries/appears sad
- ☐ Claims illness to avoid school or assignment

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21.6 Tier 2 Individual Intervention Record – Academic

Student Name: _____ Grade: _____ Plan Date: _____

STEP 1: Problem Identification through data collection:

- ☐ Assessments used to define the problem in **Reading**. (Check all that apply)
- ☐ BAT 1 / BAT 2
 - ☐ CELLA
 - ☐ CogAT (Cognitive Abilities Test)
 - ☐ Cool Tools: Informal Reading Assessments by Project Central
 - ☐ DAR
 - ☐ FAIR
 - ☐ FCAT
 - ☐ FORF
 - ☐ In-program assessments
 - ☐ IRI
 - ☐ Peabody Picture Vocabulary Test (PPVT-III)
 - ☐ Rigby
 - ☐ Rosner Test of Auditory Analysis
 - ☐ Running Records
 - ☐ Stanford Diagnostic Reading Test (SDRT)
 - ☐ Treasures / DIBELS Oral Reading Fluency
 - ☐ WADE
 - ☐ Yopp/Singer Test of Phoneme Segmentation
 - ☐ Other: _____
- ☐ Assessments used to define the problem in **Math** (Check all that apply)
- ☐ AGS: Math Level Indicator (MLI)
 - ☐ BAT 1 / BAT 2
 - ☐ CogAT (Cognitive Abilities Test)
 - ☐ EOY (end of year test)
 - ☐ FCAT
 - ☐ Go Math!
 - ☐ Pearson Assessments: Group Mathematic Assessment and Diagnostic Evaluation (G-Made)
 - ☐ Pearson Assessments: Key Math-3
 - ☐ Pro-Ed Publisher: Comprehensive Mathematical Ability Test (CMAT)
 - ☐ Pro-Ed Publisher: Test of Early Mathematical Ability (TEMA-3)
 - ☐ Pro-Ed Publisher: Test of Mathematical Ability (TOMA-2)
 - ☐ Publisher-made Diagnostic and Placement Tests
 - ☐ Stanford Diagnostic Mathematics Tests (SDMT)
 - ☐ Other: _____
- ☐ Assessments used to define the problem in **Writing** (Check all that apply)
- ☐ CELLA
 - ☐ FCAT Writes
 - ☐ In-house diagnostic prompts
 - ☐ In-program assessments
 - ☐ Other: _____

- ☐ Interviews (Check all that apply)
- ☐ Parent / guardian
- ☐ Previous teacher(s)
- ☐ Student

☐ Observations

☐ Student work samples (attach appropriate samples)

☐ Criteria used to define the problem in the **Organization** category

- ☐ Interviews
 - ☐ Parent / guardian
 - ☐ Previous teacher(s)
 - ☐ Student

☐ Observations

☐ Student work samples (attach appropriate samples)

STEP 2: Problem Analysis:

Hypothesis: After reviewing assessments, data and criteria, what have you determined to be the area of primary difficulty in which you will target for intervention? (Choose one area of difficulty and then drop down click to the specific area you will target) *If you choose reading above, check to make sure level 1 and 2 students are placed properly in intensive reading class before implementing additional interventions

- ☐ Reading:
 - ☐ Comprehension ☐ Fluency ☐ Oral Language ☐ Phonemic Awareness ☐ Phonics ☐ Vocabulary
- ☐ Math
 - ☐ Algebra ☐ Data Analysis ☐ Geometry & Measurement ☐ Number & Operations ☐ Probability
- ☐ Writing
 - ☐ Argumentation ☐ Expository ☐ Mechanics/Spelling ☐ Narrative ☐ Persuasive ☐ Writing Process

STEP 3: Intervention Design:

Choose Tier 2 Evidence-Based Intervention(s) to be implemented in addition to Tier 1

Links to Interventions

http://beep.browardschools.com/ssoPortal/pdf/Reading_Resources/081309_200910K12CompReadPlan081209.pdf

<http://www.broward.k12.fl.us/STUDENTSUPPORT/psychologicalservices/pdf/StrugglingMatHK12.pdf>

<http://www.interventioncentral.org/>

What progress monitoring tool will be used to document implementation / outcome?

Choose one of the following assessments to monitor progress for reading.

References:

Elementary Assessment Instruments

K-12 Comprehensive Reading Plan:

http://beep.browardschools.com/ssoPortal/pdf/Reading_Resources/081309_200910K12CompReadPlan081209.pdf

Choose one of the following assessments to monitor progress for mathematics.

Choose one of the following assessments to monitor progress for writing.

Choose one of the following assessments to monitor progress for organizational skills

Collect and graph baseline data. Use the same appropriate and objective measurement tool for each data point in the graph (e.g. number or percent of vocabulary test items correct; how many words correct per minute on equivalent forms of a fluency test; etc.)

Attach graphs to this printed Intervention plan ([links to graphs below](#))

<http://www.nces.ed.gov/nceskids/createagraph/>

http://www.jimwrightonline.com/php/chartdog_2_0/chartdog.php

[Individual Graph](#)

[Classroom RtI Graph \(25 students\)](#)

Goal: Must be tied to student achievement

(Example #1: By ___, student will increase words read per minute from ___ to ___.)

(Example #2: By ___, student will utilize organizational skills targeted for completing class work resulting in at least one grade level increase.)

STEP 4: Implementation:

Frequency:

When will intervention be implemented?

Location:

Where will intervention be implemented?

Duration:

How long will intervention be implemented?

From Date: _____ End Date: _____

Materials:

What materials are needed to implement the intervention?

When will the intervention be started? _____

Who will implement intervention?

Who will collect data / progress monitor?

How often will progress be monitored?

Who will inform student of the academic plan?

Name: _____ When? (By date) _____

Who will contact student's home?

Name: _____ When? (By date) _____

STEP 5: Follow up:

When will the CPS Team reconvene to discuss? Date: _____

21.7 Tier 2 Behavior Intervention Record

Student Name: _____ Grade Level: _____ Plan Date: _____

Primary Target Behavior: CPS Team chooses one Target Behavior. Team chooses most severe/disruptive/pivotal behavior.

☐ **Externalized Behaviors of Concern:**

- ☐ Arguing
- ☐ Defiance/non-compliance
- ☐ Impulsive
- ☐ Not following directions
- ☐ Out of seat / area
- ☐ Physically aggressive towards others or things
- ☐ Steals
- ☐ Talks excessively
- ☐ Tantrums
- ☐ Uses profanity
- ☐ Verbally aggressive

☐ **Internalized Behaviors Concerns:**

- ☐ Belittles self or abilities
- ☐ Claims illness to avoid school or assignment
- ☐ Clings to adults
- ☐ Cries/appears sad
- ☐ Does not interact with teacher/peers
- ☐ Does not participate in class/games
- ☐ Overly shy or timid
- ☐ Self-injurious statements/behaviors
- ☐ Student is teased or bullied
- ☐ Withdrawn

STEP 1: Problem Identification (Check all that apply)

When does the Target Behavior occur?

AM before start of classes

- ☐ 1st Period
- ☐ 2nd Period
- ☐ 3rd Period
- ☐ 4th Period
- ☐ 5th Period
- ☐ 6th Period
- ☐ PM after end of classes

Where does the Target Behavior occur? (Check all that apply)

- ☐ Bus / bus area
- ☐ Cafeteria
- ☐ Classroom
- ☐ Hallway
- ☐ Restroom

Frequency: How often does the Target Behavior occur?

_____ (1-999) times a/an: ☐ Hour ☐ Period ☐ Day ☐ Week

Duration: For how long does the Target Behavior last? ☐ Hours ☐ Minutes ☐ N/A

Intensity: Rate the severity of the Target Behavior: (Choose one)

- ☐ 1 – Mild
- ☐ 2 – Moderate
- ☐ 3 – Severe
- ☐ N/A

STEP 2: Problem Analysis

Hypothesis: What is the likely cause/function of the Target Behavior? (Check one)

- ☐ Attention
- ☐ Avoidance of person/task
- ☐ Internal stimulation

- ☐ Power
☐ Seeking out person/task
☐ To receive tangible/activity

Goal Behavior: What is the Goal for the intervention?

Step 3 Implementation Design:

Brief Description of Intervention(s)*:

*Evidence-Based interventions can be found in the Behavior Intervention Resources list in the BASIS help folder and include: CHAMPS, Encyclopedia of Behavior Management, PRIM, RIDE, and a few websites, including Intervention Central (interventioncentral.org).

Who will teach student? Name: _____ Position: _____
 When? (Enter by date) _____

Who will implement intervention? Name: _____ Position: _____

Frequency: When will intervention be implemented?

_____ (1-999) times a /an: ☐ Hour ☐ Period ☐ Day ☐ Week

Location: Where will intervention be implemented?

- ☐ Bus / bus area
☐ Cafeteria
☐ Classroom
☐ Hallway
☐ Restroom

Duration: How long will intervention be implemented?

From Date: _____ End Date: _____

Materials:

What materials are needed to implement?

STEP 4: Implementation:

When will intervention be started? _____

Who will implement intervention? Name: _____ Position: _____

Who will collect data/progress monitor? Name: _____ Position: _____

21.8 Tier 3 Individual Intervention Record – Academic

Student Name: _____ Grade: _____ Plan Date: _____

STEP 1: Problem Identification through data collection:

- ☐ Assessments used to define the problem in **Reading**. (Check all that apply)
- ☐ BAT 1 / BAT 2
 - ☐ CELLA
 - ☐ CogAT (Cognitive Abilities Test)
 - ☐ Cool Tools: Informal Reading Assessments by Project Central
 - ☐ DAR
 - ☐ FAIR
 - ☐ FCAT
 - ☐ FORF
 - ☐ In-program assessments
 - ☐ IRI
 - ☐ Peabody Picture Vocabulary Test (PPVT-III)
 - ☐ Rigby
 - ☐ Rosner Test of Auditory Analysis
 - ☐ Running Records
 - ☐ Stanford Diagnostic Reading Test (SDRT)
 - ☐ Treasures / DIBELS Oral Reading Fluency
 - ☐ WADE
 - ☐ Yopp/Singer Test of Phoneme Segmentation
 - ☐ Other: _____
- ☐ Assessments used to define the problem in **Math** (Check all that apply)
- ☐ AGS: Math Level Indicator (MLI)
 - ☐ BAT 1 / BAT 2
 - ☐ CogAT (Cognitive Abilities Test)
 - ☐ EOY (end of year test)
 - ☐ FCAT
 - ☐ Go Math!
 - ☐ Pearson Assessments: Group Mathematic Assessment and Diagnostic Evaluation (G-Made)
 - ☐ Pearson Assessments: Key Math-3
 - ☐ Pro-Ed Publisher: Comprehensive Mathematical Ability Test (CMAT)
 - ☐ Pro-Ed Publisher: Test of Early Mathematical Ability (TEMA-3)
 - ☐ Pro-Ed Publisher: Test of Mathematical Ability (TOMA-2)
 - ☐ Publisher-made Diagnostic and Placement Tests
 - ☐ Stanford Diagnostic Mathematics Tests (SDMT)
 - ☐ Other: _____
- ☐ Assessments used to define the problem in **Writing** (Check all that apply)
- ☐ CELLA
 - ☐ FCAT Writes
 - ☐ In-house diagnostic prompts
 - ☐ In-program assessments
 - ☐ Other: _____
- ☐ Interviews (Check all that apply)
- ☐ Parent / guardian
 - ☐ Previous teacher(s)
 - ☐ Student

☐ Observations

☐ Student work samples (attach appropriate samples)

STEP 2: Problem Analysis:

Hypothesis: After reviewing assessments, data and criteria, what have you determined to be the area of primary difficulty in which you will target for intervention? (Choose one area of difficulty and then drop down click to the specific area you will target) *If you choose reading below, check to make sure level 1 and 2 students are placed properly in intensive reading class before implementing additional interventions

☐ Reading:

☐ Comprehension ☐ Fluency ☐ Oral Language ☐ Phonemic Awareness ☐ Phonics ☐ Vocabulary

STEP 3: Intervention Design:

Choose Tier 2 Evidence-Based Intervention(s) to be implemented in addition to Tier 1

Links to Interventions

links to Interventions

http://beep.browardschools.com/ssoPortal/pdf/Reading_Resources/081309_200910K12CompReadPlan081209.pdf

<http://www.broward.k12.fl.us/STUDENTSUPPORT/psychologicalservices/pdf/StrugglingMatHK12.pdf>

<http://www.interventioncentral.org/>

What progress monitoring tool will be used to document implementation / outcome?

Choose one of the following assessments to monitor progress for reading.

References:

Elementary Assessment Instruments

K-12 Comprehensive Reading Plan:

http://beep.browardschools.com/ssoPortal/pdf/Reading_Resources/081309_200910K12CompReadPlan081209.pdf

Choose one of the following assessments to monitor progress for mathematics.

Choose one of the following assessments to monitor progress for writing.

Collect and graph baseline data. Use the same appropriate and objective measurement tool for each data point in the graph (e.g. number or percent of vocabulary test items correct; how many words correct per minute on equivalent forms of a fluency test; etc.)

Attach graphs to this printed Intervention plan (links to graphs below)

<http://www.nces.ed.gov/nceskids/createagraph/>

http://www.jimwrightonline.com/php/chartdog_2_0/chartdog.php

[Individual Graph](#)

[Classroom RtI Graph \(25 students\)](#)

Goal: Must be tied to student achievement

(Example #1: By , student will increase words read per minute from ____ to ____.)

STEP 4: Implementation: *Reminder: Tier 3 interventions must be more intensive and/or more frequent in administration and in monitoring of progress.*

Frequency:

When will intervention be implemented?

☐ Twice Daily ☐ Daily ☐ Twice Weekly

Location:

Where will intervention be implemented?

☐ Classroom ☐ Another teacher's classroom ☐ Resource Room/Pull Out

☐ Classroom push-in Facilitator ☐ Other write in _____

Duration:

How long will intervention be implemented?

From Date: _____ End Date: _____

Materials:

What materials are needed to implement the intervention?

When will the intervention be started? _____

Who will implement intervention?

Who will collect data / progress monitor?

How often will progress be monitored?

Who will inform student of the academic plan?

Name: _____ When? (By date) _____

Who will contact student's home?

Name: _____ When? (By date) _____

STEP 5: Follow up:

When will the CPS Team reconvene to discuss? Date: _____

21.9 Tier 3 Individual Behavior Intervention Plan

Student Name: _____ Grade: _____

Student Data: (Enter relevant data below):

Functional Behavioral Assessment (FBA)

FBA Date: _____

Rationale:

- ☐ The student is engaging in behavior that places them or others at risk of harm and or results in substantial property damage.
- ☐ Behavioral concerns may result in exclusion from participation in activities or settings with peers.
- ☐ The education team is considering a more restrictive placement due to behavioral concerns.
- ☐ The student's behavioral difficulties persist despite consistently implemented behavior management strategies (Tier 2) based on a less comprehensive or systematic assessment.

Student Profile:

Describe the student's strengths, skills and interests:

Describe the student's limitations

Target Behavior:

What is the specific behavioral difficulty identified for increase or decrease?

Baseline estimate: (Use Tier 2 data, if available)

When does the Target Behavior occur? (Check all that apply)

AM Before start of classes

- ☐ 1st Period
- ☐ 2nd Period
- ☐ 3rd Period
- ☐ 4th Period
- ☐ 5th Period
- ☐ 6th Period
- ☐ PM after end of class

Where does the Target Behavior occur? (Check all that apply)

- ☐ Bus / bus area
☐ Cafeteria
☐ Classroom
☐ Hallway
☐ Restroom

Frequency: How often does the Target Behavior occur?

(1-999) times a/an: ☐ Hour ☐ Period ☐ Day ☐ Week

☐

Duration: For how long does the Target Behavior last? ☐

☐ Hour ☐ Minutes ☐ N/A (1-60) ☐

Intensity: Rate the severity of the Target Behavior: (Choose one)

☐ 1 – Mild ☐ 2 – Moderate ☐ 3 – Severe ☐ N/A

Record Review: (Check all that apply)

- ☐ curriculum/IEP ☐ disciplinary records ☐ previous intervention (Tier 2)
☐ anecdotal/home notes ☐ psychological evaluation ☐ other _____

Relevant information obtained:

Indirect Assessments: (Interviews)

- ☐ student ☐ parent/guardian ☐ general education teacher
☐ ESE Teacher ☐ school administrator ☐ related service provider

Other: _____

Direct Assessment: (Fill in specific data collection)

| Data Type: | Date: | Conducted by: |
|---------------------------------------|-------|---------------|
| <input type="checkbox"/> A – B - C | | |
| <input type="checkbox"/> Scatter Plot | | |
| <input type="checkbox"/> Frequency | | |
| <input type="checkbox"/> Duration | | |
| <input type="checkbox"/> Latency | | |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |

Relevant information obtained:

Setting Events: (Variables that affect the student's behavior)

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Summary: (Hypothesis Statements)

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Patterns: (As identified by data collection)

| When it occurs: (circumstances) | The student does: (behavior) | To get or avoid: (consequence) |
|------------------------------------|------------------------------|--------------------------------|
| | | |

Outcome: (Based on FBA)
☐ Recommended Interventions:

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| |
|--|

☐ A Positive Behavioral Intervention Plan (PBIP) to be developed

☐ FBA completed: Date: _____ Completed by: _____ Position: _____
Positive Behavioral Intervention Plan (PBIP)

Name of Student: _____ Grade: _____ Date of Meeting: _____

Team Members present:

| NAME | POSITION |
|------|----------|
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Goals of Intervention: (social, educational, etc.)

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Description of Intervention(s): (strategies based on FBA)

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Proactive Strategies: (environmental adjustments to make Target Behavior unnecessary)

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Replacement Skills: (positive skills to replace the function of the Target Behavior)

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Consequence Strategies: (reinforcements for positive behavior not problem behavior)

| | |
|--|-----------------------|
| | GRADE/SUBJECT: |
|--|-----------------------|

Generalization Strategies: (implementation across time, people and settings)

| | |
|--|-----------------------|
| | GRADE/SUBJECT: |
|--|-----------------------|

Maintenance Strategies: (including fading process)

| | |
|--|-----------------------|
| | GRADE/SUBJECT: |
|--|-----------------------|

Crisis Management:

Are Crisis Management procedure needed to ensure safety and de-escalation of the student's behavior in emergency situations? ☐☐☐ No ☐☐☐ Yes, Describe below:

| | |
|--|-----------------------|
| | GRADE/SUBJECT: |
|--|-----------------------|

Monitoring:

What tool will be used to document implementation/outcome?

- ☐ Duration chart
☐ Frequency chart
☐ Latency chart
☐ ODR analysis and chart

Who will collect data/progress monitor?

| | |
|--|-----------------------|
| | GRADE/SUBJECT: |
|--|-----------------------|

Tier 3 Implementation of PBIP:

When will the PBIP be started? Date: _____

Who will implement the PBIP intervention? Name: _____ Position: _____

Frequency: _____

When will PBIP interventions be implemented?

_____ (1-999) times a /an: ☐ Hour ☐ Period ☐ Day ☐ Week

Location:

Where will PBIP interventions be implemented?

- ☐ Bus / bus area
- ☐ Cafeteria
- ☐ Classroom
- ☐ Hallway
- ☐ Restroom

Duration: How long will intervention be implemented?

From Date: _____ End Date: _____

Materials:

What materials are needed to implement the PBIP?

| | |
|--|-----------------------|
| | GRADE/SUBJECT: |
|--|-----------------------|

What tool will be used to document implementation/outcome?

- ☐ Frequency chart
- ☐ Duration chart
- ☐ Latency chart
- ☐ ODR analysis and chart
- ☐

Who will teach student? Name: _____ Position: _____

When? (Enter by date) .

Follow up:

Who will contact student's home? Name: _____ Position: _____

When will the CPS Team reconvene to discuss?

Date: _____

22 School Safety Check List

22.1 Games

Play one game at a time in order to supervise the entire class. It is difficult to watch two or more games being played in different areas.

22.2 Recess

During recess please make sure to keep students in the same area and supervised during all structured activities.

Playground Rules:

1. Student should go down the slide, sitting down, feet first. They should NEVER go head first, climb UP the slide, or walk down the slide.
2. Student should not jump down from the playground equipment. There are slides, stairs, and other equipment for students to use to get down.
3. Students should walk quickly, instead of running, in the playground area.
4. Students should keep off of the fence. (It is not part of the playground equipment.)
5. Student should keep hands and feet to themselves and not push or pull another student.
6. Students should take turns on the equipment.
7. Students should listen to EVERY adult (teacher, associate, or substitute teacher/associate) who is supervising, follow their directions, and be respectful.

Please remain standing at all times on the playground or play area. If more than one teacher is out, position yourself for better control of the children and activities. Keep your total attention on the children. **ASSOCIATES SHOULD NOT WATCH STUDENTS OUTSIDE UNLESS A TEACHER IS PRESENT.**

CONSEQUENCES: The safety of ALL the children is of utmost importance to us. ANY student who chooses to not follow these rules will be removed from the playground equipment and will sit out for the remainder of the playground time. A second offense will result in removal from the playground equipment and parental notification. A third offense will result in all of the above and administrative interventions.

22.3 Reporting of Accidents/Injuries

Make sure all accidents, no matter how minor, are reported to the office and school administrator. If an accident is reported, you will have to write it up and sign as the witness and supervising teacher.

When a student is injured on school grounds, the teacher or person in charge shall immediately advise the office of the injury and refer the child for proper and appropriate treatment.

The staff member witnessing the accident shall then complete an accident report indicating the nature and circumstances of the accident. Reports can be obtained in the front office.

22.4 Safety

Following these guidelines will improve the quality of the school's Annual Comprehensive Safety Inspection Report.

- It is unsafe to have coffee pots, knives, microwaves, hot plates, etc in your classrooms and/or resource rooms. If you have one of these items, please remove it immediately.
- Classroom doors must remain locked throughout the day. Please remind students that they should not open the door for anyone.
- Curtain(s) require a fire retardant label that is attached to the curtain(s).
- Make fire extinguishers accessible-items CANNOT block or be hung on extinguishers. . Make fire pull stations accessible-items CANNOT block or be hung on pull stations. . Remove smoke door obstructions (this includes door stops). Remove Door Stops from fire doors.

One of the most common fire code violations found by Fire inspector in schools is the excessive use of combustible materials in the form of artwork and teaching materials on classroom walls. To help eliminate this problem the Fire Departments with the School Safety Department produced this information below on how to comply with the Fire Code and still be able to display artwork and other teaching materials safely.

State Fire Prevention Code Requirements:

Artwork and teaching materials shall be permitted to be attached with the following:

1. The artwork and teaching materials shall not exceed 20 percent of the wall area in a building that is not protected

throughout by an approved automatic fire sprinkler system.

2. The artwork and teaching materials shall not exceed 50 percent of the wall area (classroom) in a building that is protected throughout by an approved automatic fire sprinkler system.

For more Safety information, visit the following link: www.broward.k12.fl.us/safetydept/

22.5 Supervision

In view of the liability laws wherein schools and personnel may be held liable in case of negligence, it is mandatory that classes not be left unattended. If an emergency arises which necessitates leaving the classroom, another teacher is to be obtained to cover the class. The office should be notified as soon as possible of the emergency. If the emergency is such that the teacher must leave immediately and there is no time to find coverage, the office should be notified and an administrator will cover the class until other arrangements can be made.

23 Section 504/ADA Manual

Section 504

Section 504 is part of a federal civil rights law known as the Rehabilitation Act of 1973. This law specifically prohibits discrimination against students with disabilities and guarantees them a free and appropriate public education (FAPE). Discrimination, as defined in Section 504, is the failure to provide students with disabilities the same opportunity to benefit from education programs, services, or activities as provided to their nondisabled peers. Therefore, schools cannot exclude students with disabilities from facilities, programs, benefits, activities, or services that are provided to students without disabilities. Schools must make sure that all students receive equal access to educational opportunities. Students with disabilities receiving exceptional student education (ESE) services, as defined by the Individuals with Disabilities Education Act (IDEA), are protected under Section 504, but not all Section 504 students are eligible for ESE.

Classroom teachers need to be flexible in their teaching techniques and expectations for students with disabilities. In order for students with disabilities to be successful in school, teachers may need to modify the classroom environment, adjust their teaching strategies, or make other accommodations. In addition to making classroom modifications, other tasks include assessment of student progress and effective communication with parents. Teachers are required under Section 504 to make necessary accommodations as specified in the Section 504 accommodation plan.

A parent, teacher, or other member of the school staff may raise a concern about a student's unique need for special help to the Section 504 liaison at the school. Parents, teachers, and other staff members will meet to discuss all relevant information about the student. The parents' participation in this meeting is critical and helps to establish an accurate picture of the student's needs. At the meeting, the team will consider whether the student has a disability that substantially limits a major life activity. (See definitions in question #1.) If the team needs more information, they will request the parent's consent to evaluate the student. If the team determines that the student does have a disability, they will then identify what types of support, or accommodations, are appropriate to meet the student's needs. The accommodations will be described in a document referred to as the Section 504 accommodation plan. Additional information may be found at:

www.broward.k12.fl.us/STUDENTSUPPORT/psychologicalservices/html/section504.htm

www.fldoe.org/ease/pdf/504bro.pdf

24 Service Hours Policies

24.1 Guidelines

1. All volunteers are to fill out and submit a Service Hours Application form. On the form, parents must list all children who attend our charter school system.
2. Each family must complete 30 or more hours per school year; however, 10 hours of that can be given by some form of donation in lieu of fulfilling these hours in increments of ½ hour per donation. All donations must be authorized by the principal in advance. Parents and guardians of students in the City's Charter School system shall be able to satisfy a portion of their thirty (30) volunteer hour requirement by purchasing up to twenty (20) of these hours as follows:

- The first ten (10) hours may be purchased for \$10.00 per hour.
- The second ten (10) hours may be purchased for \$20.00 per hour.

No parent or guardian shall be permitted to purchase more than twenty (20) volunteer hours for a total of \$300.00. The remaining ten (10) hours of the volunteer requirement shall be satisfied in a manner consistent with the Charter Schools' previously established rules and regulations. **After May 1, 2013 you may only pay for these hours with cash or cashier's check.**

3. Service hours obtained from all campuses may be combined (Central, East, West, FSU and High School).
4. Attending informational meetings / functions such as PTA / PTSA, Advisory Board and Open House, count towards service hours, however, recreational functions including, but not limited to, sports events, school plays / performances, and Awards Ceremony do not constitute as time that may be utilized towards service hours; unless otherwise specified by school.
5. All visitors must sign in at the front office to receive a visitor's badge before going to the classroom.
6. All visitors during the school day must wear their visitor's badges at all times while at the school or with the students. All volunteers are required to dress in attire that is consistent with the dress code.
7. Volunteers must keep a record of their hours and should turn them in every two (2) weeks to their child's teacher for verification.
8. If donating supplies, food, etc., for classrooms in exchange for service hours, you may receive no more than ½ hour credit towards your service hours for all items donated at that time. Prior approval from the principal must be received before any items may be donated and credit received.
9. During the 2nd and 3rd grading periods, all service hours will be tabulated and parents will be notified of the hours they have accumulated.
10. A new duplicate form should be filled out for every service activity attended. Please keep the yellow copy for your records. The white copy must be turned in to the office.
11. Any hardship related deviation from this policy must be put in writing fully explaining the extenuating circumstances for such request and submitted to the principal.
12. Service hours may only be performed by parents, grandparents, foster parents, adoptive parents, and legal guardians at the discretion and review of the principals.
13. Pursuant to Chapter 2004-81, Florida Laws (2004), all volunteers at the school shall be subject to a limited background check. Principals have the sole discretion and authority to refuse an individual to perform volunteer hours at the school as a result of this required background check.
14. **All service hours must be fulfilled prior to May 24, 2013 unless prior arrangements have been approved by administration.** Your signature below indicates that you understand that if you do not fulfill the required hours, your child will not be allowed to enroll in the Pembroke Pines Charter Schools the ensuing school year.

25 Teacher Responsibilities

25.1 Parent Communication

Communication between the home and school and among the school staff is extremely important. In order to ensure that communication be consistent and concise, teachers are asked to note the following concerns:

Written class correspondence including flyers, letters, and newsletters to parents/guardians must be approved by Administration.

Teachers are encouraged to maintain electronic communication with parents via teacher website, Jupitergrades, EDMODO, newsletter, Pinnacle, etc.

Teachers are asked to respond to all parent communication within 48 hours.

25.2 Parent Conferences

Parent conferences will be scheduled upon request through guidance or teacher. All elementary teachers are required to have two parent conferences per year.

26 Miscellaneous

26.1**Announcements**

When an announcement needs to be made on the intercom system or TV, please notify the media specialist or office at least 24 hours in advance.

26.2 After the Pledge Songs

August/September/October – Star Spangled Banner
November/December – America (My Country Tis of Thee)
January/February – God Bless America
March/April – America the Beautiful
May/June – Grand Old Flag

26.3 Associates

We are fortunate in having excellent aides/ASSOCIATES who assist teachers in a variety of activities. However, there are certain functions, which are not within their job description.

Associates may not be left in charge of an entire class without the teacher present for more than 30 minutes. (In an emergency the teacher should contact the front office).

No Associate shall be asked by another staff member to change their job assignment without prior administrative approval.

26.4 Clinic

Please use the Clinic Pass when sending any student to the clinic.

26.5 Financial Procedures**26.6 Honor Roll Criteria**

Listed below are the guidelines for the honor roll. Please use them to complete the honor roll list to be submitted to the office with your report cards.

PRINCIPAL'S HONOR ROLL
All A's All E's and S's

GOLD HONOR ROLL
A's and B's All E's and S's

Presidential Achievement Award

Students qualify who either maintained all Es in Social Growth and Study Skills for the year or raised a report card grade two or more letters and have maintained that average (sliding 1 grade is okay) in reading, math or language arts. Do not include those students who have received the Principal's Honor Roll for the entire year, as they will receive a different award.

26.7 Media Center/Library – See addendum**26.8 Movies/Videos – forms link****26.9 Newsletter**

A K-8 monthly parent newsletter will be emailed on the first Friday of every month. Any staff member wishing to contribute to the newsletter must have the information emailed to administration by the first Monday of the month. The newsletter will be written on Wednesday, typed, edited, printed, and distributed to all campuses on Friday.

26.10 Personal Phone Calls

Cell phones are not allowed to be used during student contact hours. If you are expecting an important phone call, please inform the office staff so that you may be reached during your break or lunch time.

26.11 School Motto

Setting Sail on a New Course – Elementary School
Charting Our Course – Middle School

26.12 School Colors

Gold and Navy – Elementary School
Maroon, Gray, Navy – Middle School

26.13 School Mascot

Golden Eagle – Elementary School
Jaguar – Middle School/High School

26.14 Sexual and Other Unlawful Harassment and Discrimination Policy

All employees have a right to work in an environment free of discrimination and harassment. Harassment or discrimination on the basis of race, color, religion, sex, age, marital status, handicap, disability, national origin, and any other protected categories, is a violation of law, and will not be tolerated.

While all forms of harassment and discrimination are prohibited, it is the Schools' policy to emphasize that sexual harassment is specifically prohibited. Sexual harassment is defined as unwelcome, deliberate or repeated behavior of a sexual nature.

It can include verbal behavior such as unwanted sexual comments, suggestions, jokes, or pressure for sexual favors; nonverbal behavior such as suggestive looks or leering; and physical behavior such as pats, or squeezes, or repeated brushing against another person's body.

Conduct which constitutes sexual harassment, unlawful harassment or discrimination can result in termination of employment or severe discipline without regard to general principles of progressive discipline.

Specifically, the Schools prohibit the following:

- Unwelcome sexual advances.
- Requests for sexual favors, whether or not accompanied by promises or threats with regard to the employment relationship.
- Other verbal or physical conduct of a sexual nature made to any employee that may threaten or insinuate either explicitly or implicitly that any employee's submission to or rejection of sexual advances will in any way influence any personnel decision regarding that person's employment, evaluation, wages, advancement, assigned duties, shifts or any other condition of employment or career development.
- Any verbal or physical conduct that has the purpose or effect of substantially interfering with the employee's ability to do his or her job.
- Any verbal or physical conduct that has the purpose or effect of creating an intimidating, hostile or offensive working environment.

Specific examples of inappropriate behavior include, but are not limited to:

- Conditioning a job benefit on sexual favors;
- Threatening a job detriment for the failure to submit to sexual advances;
- Negative or offensive comments, jokes or suggestions about another employee's gender or sexuality;
- Obscene or lewd sexual comments, jokes, suggestions or innuendoes;
- Slang, names or labels (such as "honey," "sweetie," "boy," "girl,") that others find offensive;
- Talking about or calling attention to an employee's body or sexual characteristics in a negative or embarrassing way;
- Laughing at, ignoring or not taking seriously an employee who experiences sexual harassment;
- Blaming the victims of sexual harassment for causing the problem;
- Continuing certain behavior after an individual has objected to that behavior;
- Displaying nude or sexual pictures, books, objects, cartoons or sexually suggestive calendars on School property.

Other sexually harassing conduct in the workplace, whether physical or verbal, committed by Supervisors or Non-Supervisory personnel is also prohibited.

Acts of harassment or discrimination committed by School personnel may result in disciplinary action, up to and including dismissal. If an employee believes that he or she has been the subject of harassment or discrimination by anyone while at work, including any supervisors, co-employees, or visitors, or if an employee observes such harassment or discrimination, he or she is urged to report the alleged conduct immediately to his or her supervisor, or, if the individual does not wish to discuss the matter with the Supervisor, to the Director of Human Resources.

Any Supervisor or Principal who receives a complaint of harassment or discrimination from an employee shall immediately notify the Director of Human Resources of the complaint regardless of the Supervisor's or Principal's opinion concerning its validity.

The Schools will endeavor to investigate all complaints as expeditiously, confidentially and professionally as possible. Any Supervisor, agent, or other employee who is found after investigation to have engaged in harassment or discrimination of another employee will be subject to appropriate disciplinary action, up to and including dismissal.

There will be no retaliation against employees for reporting harassment or discrimination or assisting the Schools in the investigation of a complaint of harassment or discrimination.

26.15 Smoking

Smoking is prohibited in all areas of the school. This is in accordance with State law. PLEASE DO NOT SMOKE OR ALLOW PARENTS TO SMOKE IN THE CLASSROOMS OR BUILDING.

26.16 Social Security Number Collection Disclosure

Please be advised that pursuant to Section 119.071(5)(a)2.a., Florida Statutes the City of Pembroke Pines ("City") discloses that the City requests your social security number for the purpose of payroll eligibility verification, processing employment benefits, applicant employee background checks, and income reporting, and that your social security number will be used solely for these purposes.

26.17 Special Events Request

General assemblies are held at the need or desire of faculty and students and should evolve from activities in the classroom or special classes. Assemblies should be posted on the school-wide master calendar.

If you are using the cafeteria/multi-purpose room for practice, a meeting, or programs, it will be necessary to clear this with administration. Please email administration with the date and time that you need to use the cafeteria/multi-purpose room. Once cleared, your activity will be put on the master calendar.

When assemblies are held and your class is invited, make sure you accompany them to the assemblies and supervise their behavior while they are there. If it is the "special" teacher's time with your class, he/she will be responsible.

Form Link

26.18 Staff Responsibilities

Use of Building Before/After Regular Day - Please let them know if you plan to be in the building after 3:30 p.m., please make sure you notify the front office no later than 3:30pm so that you will not be locked in/out. This is also a safety measure for your protection. If you need to be in the building at a time other than when custodians are on duty, please see the Principal so that arrangements may be made.

27 Forms

27.1 Clinic Pass**Pembroke Pines Charter Schools**

Date: _____

Teacher: _____

Student: _____ ☐ M ☐ F**Nature of Complaint:**

- ☐ Not feeling well ☐ Stomachache ☐ Headache ☐ Toothache
☐ Injury _____
☐ Other: _____

 CLINIC USE ONLY 
Arrival Time: _____ ☐ am ☐ pm**Action Taken:**

- ☐ Student laid/sat in clinic for 20 minutes or less
☐ Student laid/sat in clinic for 20 minutes or more
☐ Temperature taken _____ °F
☐ Ice pack applied to affected area
☐ Band aid applied to affected area
☐ Head checked for: _____
☐ Parent/Guardian notified: _____ at _____ ☐ am ☐ pm
☐ 911 called
☐ Other: _____

Disposition of student:

- ☐ Returned to class. Feeling better
☐ Returned to class at parent/guardian's request
☐ Returned to class unable to contact parent/guardian
☐ Remained in clinic. Reason: _____
☐ Sent home at _____ ☐ am ☐ pm. ☐ Teacher notified
☐ 911 Transported
☐ Other: _____

Student left clinic at (Time): _____ ☐ am ☐ pm
 Comment: _____

Clinic Action Handled by: _____

27.2 Faculty/Staff Absentee Form

Date _____

Employee _____ Grade _____

Campus: ☐ Central Campus ☐ East Campus ☐ FSU Campus ☐ High School ☐ West Campus

Please check one of the following:

____ I request permission to leave school at _____ on _____
Time Date____ I request permission to be absent for a full day on _____
Date____ I request permission to be excused between the hours of _____ to _____ on _____
Date

Please state the reason for your request:

Coverage provided by: _____

____ Permission Granted

____ Permission Denied

____ See Me

Principal or Designee's Signature

PLEASE NOTE
SICK OR PERSONAL TIME WILL BE DEDUCTED IF YOU
(FULL-TIME EMPLOYEES) TAKE TIME OFF.

THIS REQUEST SHOULD BE APPROVED 24 HOURS PRIOR TO THE TIME/DAY YOU REQUESTED
UNLESS AN EMERGENCY ARISES.

27.3 Field Trip Information Packet

*FORMS MUST BE SUBMITTED AT LEAST EIGHT WEEKS
PRIOR TO FIELD TRIP IF IN THE TRI-COUNTY AREA,
TEN WEEKS PRIOR IF OUT OF TRI-COUNTY AREA.*

TEACHERS: After filling out field trip sheets, bring ENTIRE packet to bookkeeper's office.

Complete field trip packet as follows:

1. Complete field trip request form-note on form if this is a class trip or grade level trip. Principal signatures required.
2. Field Trips Out of County (Dade, Monroe, Palm Beach). This form must be completed eight weeks prior to field trip.
3. Complete worksheet to determine the cost per student. (Return to bookkeeper)
4. See bookkeeper for the proper procedure for collecting money. She will go over bookkeeping procedures with you. Notify bookkeeper of the amount of the check needed and the date. Also make sure she receives the original invoice.
5. Make Transportation Arrangements:
 - Transportation Authority Request (Transportation for Broward and Dade counties only) One form per trip (time frame is 9:00am – 1:45pm. Each bus holds 65 passengers and charges \$60.00 per hour per bus for a minimum of four hours. Copy to bookkeeper and fax copy to Transportation Authority 954-364-4790, plus keep a copy for your files.
 - Outside these areas we must use Vendor Bus Quote Sheet.
 - Give Bus Verification Form to outside vendor chosen and get approved by bookkeeper.
6. Release of Liability (Permission Slips) Front side only if in county. Both sides if out of county or overnight. The Release of Liability is to go with the teacher on the field trip but must be turned in to bookkeeper after trip is completed for auditing purposes. **Teacher cannot accept permission slips and money until student and parent has signed the authorization form.**
7. Calendar Placement Form: Make sure the trip is marked on the Master Calendar. Approval by principal or designee required.
8. Complete Cafeteria Notice of Field Trip and give to Cafeteria Manager. Make sure to note the date and amount of students who will not be at lunch. Give bookkeeper a copy of completed form.
9. Complete Temporary Duty Authorization (TDA) and chaperones list and return both to bookkeeper.
10. Give a list of students participating in the field trip to front office at least seven days in advance of field trip.
11. Give list of associates and hours who will be working the trip.

Also, field trip teachers must distribute a list of students attending field trip in email to front office and attendance.

**NOTE: THE FRONT OFFICE MUST BE INFORMED WHERE STUDENTS NOT
ATTENDING FIELD TRIP WILL BE.**

**AFTER TRIP IS COMPLETED, RETURN ALL PACKET FORMS, PERMISSION SLIPS, AND TDA'S TO
BOOKKEEPER (FIELD TRIP COORDINATOR)**

Field Trip Checklist

Date Submitted: _____

Teacher: _____

Grade: _____

Destination: _____

Date of Trip: _____

Departure Time: _ Arrival Time: _____

Which special will your class miss? _____

Will your class eat lunch in the cafeteria at their regular time? ☐ Yes ☐ No

If not eating in school, what arrangements are planned? _____

Check the following when completed:




- ☐ 1. Principal has approved trip.
- ☐ 2. Trip has been added to the activity calendar.
- ☐ 3. Bus form has been completed.
- ☐ 4. Obtain Certificate of Liability Insurance from company where field trip is taking place
(see attached sample)
- ☐ 5. ESE Teachers (one-week prior) have been notified of any changes affecting time.
- ☐ 6. Notify cafeteria 2 weeks in advance before field trip. (Attached Form)
- ☐ 7. Cleared which associates and their hours who will chaperone trip. Confirm if chaperones will work more than 4 hours or need to swap their work hours for the day.
- ☐ 8. Single Field Trip Authorization Form completed and copied for each student for parent signature.
- ☐ 9. Cutoff date established for collecting money from students and submitting money to bookkeeper. All monies must be turned in to the bookkeeper 4 weeks before the trip.
- ☐ 10. Monies Collected Envelope obtained from bookkeeper. All money must be given to bookkeeper.
Chaperones must complete the Chaperone Form.
- ☐ 11. Arrange for chaperones (**must have one level 2 cleared male chaperone**).
- ☐ 12. Give **ALL** originals to bookkeeper.
- ☐ 13. The morning of the field trip you must submit to the office Parent Permission Slips (**copies to bring on trip, and front office**), Attendance/Absence List (must include students remaining at School); Monies collected Envelope (if not already submitted).

PLEASE NOTE: If you need to make a deposit, bring all paperwork to the bookkeeper for processing of a purchase order.

*Out of county trips must have 3 bids turned into the bookkeeper prior to the start of money collection. The Telephone Bid Quote Form is available through the bookkeeper for quotes or a bid can be submitted on company letterhead. All trips over \$15.00 must use a receipt book, not an envelope, for money collections.

If using a charter bus, you must use Bus Quote Forms. See the bookkeeper.

Certificate of Liability Insurance

| | | | | |
|--|------------------------------|--|--|-------------------------------|
|  | | Consumer's Certificate of Exemption Issued Pursuant to Chapter 212, Florida Statutes | | DR-14 R. 04/05 04/24/07 |
| 85-8013818682C-8 Certificate Number | 06/09/2007 Effective Date | 06/30/2012 Expiration Date |  | |
| This certifies that THE CITY OF PEMBROKE PINES 10100 PINES BLVD PEMBROKE PINES FL 33026-6037 | | | | |
| is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased. | | | | |
|  | | Important Information for Exempt Organizations | | DR-14 R. 04/05 |
| <ol style="list-style-type: none"> 1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (FAC). 2. Your <i>Consumer's Certificate of Exemption</i> is to be used solely by your organization for your organization's customary nonprofit activities. 3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization. 4. This exemption applies only to purchases your organization makes. The sale or lease to others by your organization of tangible personal property, sleeping accommodations or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, FAC). 5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third degree felony. Any violation will necessitate the revocation of this certificate. 6. If you have questions regarding your exemption certificate, please contact the Exemption Unit of Central Registration at 850-487-4130. The mailing address is PO BOX 6480, Tallahassee, FL 32314-6480. | | | | |
| Pembroke Pines/FSU Charter Elementary School 601 S.W. 172nd Street Pembroke Pines, FL 33029 | | | | |

The Transportation Authority

Office 954-364-4790 Fax 954-364-4791

Field Trip Request Form**Date of Trip:** _____**Confirmation #:** _____

Customer must receive a fax copy of this form stamped "Approved" to guarantee reservation

Pick-Up Information**Name:** _____ **Group:** _____ **Pick up Time:** _____**Location:** _____ **Drop off Time Back @ School / Organization:** _____**Address:** _____**Direction to Location:** _____**Destination Information****Name:** _____ **Phone #:** _____**Address:** _____**Direction to Destination:** _____**Completion of Trip Customer Signature:** _____ **Completion Time:** _____**Drivers Initial After Completion Of Emergency Evacuation Explanation:** _____

Customer Information**Name (School/Organization):** _____ **Team Name/Grade:** _____**Address:** _____ **Contact Name:** _____**City/State/Zip Code** _____ **Phone #:** _____**# of Buses:** _____ **# of Passengers:** _____ **P0#:** _____ **Fax #:** _____**Special Equipment: W/C # of Openings:** _____ **Emergency #:** _____***** **No eating or drinking on the bus** *******OFFICE / DRIVER USE ONLY****Driver Name:** _____ **Vehicle #** _____ **Odometer Start:** _____**Report Time Base:** _____ **Depart Time:** _____ **Arrival @ Pick Up** _____ **Load Time:** _____**Trip Completion Time:** _____ **Finish Time @ Base:** _____ **Odometer Finish:** _____

Pricing Minimum: School Year - Four (4) Hours @ \$60.00 per hour - Summer Five (5) Hours @ \$60.00 per hour - Prices as listed unless notified of change by date of trip. Trips in excess of 4 or 5 hours will be billed at additional 15 minute intervals. **Cancellation Policy:** Prior to date of trip: Customer must have a faxed copy of Field Trip Form Stamped **Cancelled** and signed by TA Office. Day of trip: charge for a minimal of four (4) or five (5) hours will be due if driver leaves base. Same Day (prior to bus leaving yard): one hour charge - *Not Responsible for items left on bus* **All toll's & parking fees are payable by Customer.** Customer signature & remittance of this document constitutes a binding contract and Customer agrees to the **Bus Rental Terms and Conditions** as detailed below.

Authorized Customer Signature: _____ **Print Name:** _____

_____ **If the Charter School will not be billed for transportation services please do not sign above and cross out entire box.**

BUS RENTAL TERMS AND CONDITIONS

1. Damage to Property. Customer shall be responsible for any and all damage to any of the buses not caused by ordinary wear and tear. Customer shall be liable to the City of Pembroke Pines, Florida for any and all damage which is not ordinary wear and tear in an amount equal to the cost of repair or replacement value of the buses or components thereof. Customer shall be notified of the cost to repair such damage by the City of Pembroke Pines ("City") as soon as practicable after the City has been made aware of or discovered the damage and obtained such estimate of cost for repair. "Ordinary wear and tear" shall refer to the normal deterioration of the buses caused by ordinary, reasonable and proper use thereof. **2. Supervision.** Customer is responsible to supervise and provide adequate supervision for all of its participants while on the bus. Such supervision shall not be provided by either the City or the Transportation Authority. In the event that such failure of Customer to provide adequate supervision results in a risk to the health, safety or welfare of the participants, the property of the City, or the employees of the Transportation Authority, the Transportation Authority may, in its sole discretion, immediately terminate the trip en route and return to the Customer's location, in such event, Customer shall be responsible for the full amount of the cost of the trip as provided on the reservation form. **3. Cancellation.** Customer shall be permitted to cancel its use of the buses as provided on the reservation form. In the event of a cancellation, Customer shall remit the amount indicated on the reservation form.

4. Payment. All payment for services hereunder shall be made in the form of a check, cashier's check or money order made payable to the City of Pembroke Pines. No cash payments will be accepted. .

5. All riders grade K and higher must wear safety belts. Riders age 4 and under will not be transported.

Authorized Customer Signature: _____ **CUSTOMER HERE BY CERTIFIES THAT ALL RIDERS MEET THE GRADE REQUIREMENTS.**

October 17, 2011

Bus Rental Terms and Conditions

1. **Damage to Property.** Customer shall be responsible for any and all damage to any of the buses not caused by ordinary wear and tear. Customer shall be liable to the City of Pembroke Pines, Florida for any and all damage which is not ordinary wear and tear in an amount equal to the cost of repair or replacement value of the buses or components thereof. Customer shall be notified of the cost to repair such damage by the City of Pembroke Pines ("City") as soon as practicable after the City has been made aware of or discovered the damage and obtained such estimate of cost for repair. "Ordinary wear and tear" shall refer to the normal deterioration of the buses caused by ordinary, reasonable and proper use thereof.
2. **Supervision.** Customer is responsible to supervise and provide adequate supervision for all of its participants while on the bus. Such supervision shall not be provided by either the City or the Transportation Authority. In the event that such failure of Customer to provide adequate supervision results in a risk to the health, safety or welfare of the participants, the property of the City, or the employees of the Transportation Authority, the Transportation Authority may, in its sole discretion, immediately terminate the trip en route and return to the Customer's location. In such event, Customer shall be responsible for the full amount of the cost of the trip as provided on the reservation form.
3. **Cancellation.** Customer shall be permitted to cancel its use of the buses as provided on the reservation form. In the event of a cancellation, Customer shall remit the amount indicated on the reservation form.
4. **Payment.** All payment for services hereunder shall be made in the form of a check, cashier's check or money order made payable to the City of Pembroke Pines. No cash payments will be accepted.
5. **Liability/Indemnification.** Customer hereby voluntarily and expressly agrees to release, indemnify, forever discharge and hold harmless the City of Pembroke Pines, Florida, the Transportation Authority, or the agents, employees, and affiliates of either entity against any and all liability, claims, demands, causes or rights of action whether personal to Customer or to a third-party, which are in any way connected with the Customer's use of the City's buses, including those allegedly attributable to negligent acts or omissions of the city or the Transportation Authority. Should the City of Pembroke Pines, the Transportation Authority, or anyone acting on their behalf be required to incur attorney's fees and costs as a result of Customer's use of the City's buses, Customer expressly agree to indemnify and hold the City and the Transportation Authority harmless for all such fees and costs.
6. **Ownership of Buses; Sovereign Immunity.** Customer acknowledges that the buses utilized in this transportation agreement are owned by the City of Pembroke Pines, Florida. Nothing herein is intended to waive sovereign immunity afforded to the City pursuant to §768.28, Florida Statutes.
7. **Incidental or consequential damage.** Customer waives any and all claims against the City of Pembroke Pines, Florida or the Transportation Authority for incidental or consequential damage in connection with the furnishing performance or use of the City's buses.

Field Attendance/Absentee List

Teacher: _____ Grade: _____ Destination: _____

Date: _____ Phone Number: _____

CHAPERONES ATTENDING:

| | |
|----|----|
| 1. | 4. |
| 2. | 5. |
| 3. | 6. |

Level 2 male chaperone's name: _____

STUDENTS ATTENDING:

| | |
|-----|-----|
| 1. | 14. |
| 2. | 15. |
| 3. | 16. |
| 4. | 17. |
| 5. | 18. |
| 6. | 19. |
| 7. | 20. |
| 8. | 21. |
| 9. | 22. |
| 10. | 23. |
| 11. | 24. |
| 12. | 25. |
| 13. | 26. |

STUDENT ABSENTEE LIST

| STUDENT NAME | CLASSROOM ASSIGNMENT |
|--------------|----------------------|
| | |
| | |
| | |
| | |
| | |
| | |

Student Field Trip Form

- ☐ 1680 SW 184TH Avenue, Pembroke Pines, FL 33029 (954) 450-6990
☐ 18500 Pembroke Road, Pembroke Pines, FL 33029 (954) 443-4847
☐ 12350 Sheridan Street, Pembroke Pines, FL 33029 (954) 322-3300
☐ 10801 Pembroke Road, Pembroke Pines, FL 33029 (954) 322-3300
☐ 601 SW 172nd Avenue, Pembroke Pines, FL 33029 (954) 499-4244

Student Name: _____ Telephone: _____

Teacher: _____ Grade: _____ Bag lunch required ☐

I authorize my child to utilize the type of transportation identified below for this field trip.

School Bus _____ Charter Bus _____ Private Vehicle _____ Walk _____

Field trip destination: _____

Departure date/ time: _____

Return date/ time: _____

Cost (cash only): _____ Deadline: _____

EMERGENCY CONTACT

In case of an emergency, I may be reached at:

Telephone: _____

In the event I cannot be reached, please contact:

Name of Establishment/Person: _____ Telephone: _____

HEALTH/ACCIDENT INSURANCE

My child is covered by twenty-four (24) hour accident insurance or family insurance:

Insurance Company: _____

Policy Number: _____/or I've attached a photocopy of my family insurance identification card.

_____ I do not have insurance; however, I will pay any and all medical bills for emergency care of my child.

Signature of Parent/ Guardian

By signature to this statement of permission, I hereby release and hold harmless the above named school and individual sponsor, including the teachers and principal, from all liability for mishap or injury to the student named herein from the time of departure to the time of return, and from any and all responsibility for the acts of conduct of such student during such a trip.

Chaperone Form

Name: _____ Telephone: _____

Supervising Teacher: _____ Grade: _____

Field Trip Destination: _____

Departure Date & Time: _____

Return Date & Time: _____

Cost of Field Trip (if any- **Cash only**) \$ _____

I understand that my role as a chaperone is not to directly supervise any students but to assist in the safety and well-being of all students.

Therefore, I agree . . .

- To support the supervising teacher in enforcing established rules, procedures and expectations for student participation and effort;
- I will not bring my child's siblings on the trip nor will I engage in activities which distract from the activities taking place;
- To model appropriate language and behavior and to abide by all Pembroke Pines Charter School policies and regulations which govern the behavior of employees and chaperones for the entire duration of the field trip while in the presence of the students.

Signature_____
Date**In case of emergency, please contact:**_____
Telephone: _____**Health Accident Insurance:**

My insurance carrier is:

Insurance Provider: _____ Policy Number: _____

Or attach a photo copy of your family insurance identification card.

_____ I do not have insurance, however, I will pay any and all medical bills for emergency care.

Signature of Chaperone

Chartwells Pre-Order Lunch Form

Dear Parents,

Students attending the field trip will not be eating lunch in the cafeteria. Students may either bring lunch from home or order lunches from Chartwells using this form. The cafeteria will have the pre-ordered lunches ready for the associates to come and pick up from the cafeteria. If you would like your child to have school lunch, please complete the order form below and return it to your child's teacher. You must order lunches by _____ if you would like your child to buy a bag lunch for this field trip.

- If you order a bag lunch, it will include a sandwich of your choice, a small bag of Cheez-Its© (or something similar), fresh fruit and choice of milk or juice. Please select a sandwich type for each day you order.

- Select one drink for you order lunch.

Student Name: _____ **Lunch #:** _____

| Field Trip Day | Ham & Cheese | Turkey & Cheese | Milk | | | Juice |
|----------------|--------------|-----------------|-------|-----------|------------|-------|
| | | | Plain | Chocolate | Strawberry | |
| | | | | | | |
| | | | | | | |

Student's Name: _____
(please print clearly)

Parent Name: _____
(please print clearly)

Parent Signature: _____

Sincerely,
Chartwells

Cafeteria Notice of Field Trip

Please complete and return this form to the Cafeteria Manager at least two weeks before the field trip.

Class/Grade/Organization planning trip: _____

Number of students participating: _____

Date of Field Trip: _____

Departure Time: _____ **Return Time:** _____

Please check one of the following:

Our group will need:

_____ bag lunches _____ milk only

_____ no lunches

_____ other (explain _____)

_____ will not affect regular scheduled lunch

Signature: _____ **Date:** _____

Request for Field Trip*Please type or print*

Date: _____ Grade/Class: _____

Submitted By: _____

Date of Field Trip: _____ Departure Time: _____

Time students are expected at school: _____ Returning Time: _____

If student is not able to afford trip, what accommodations will be made for them:

Destination Name: _____

Address: _____

Contact person & telephone: _____

Number of students: _____ Numbers of chaperones: _____

Cost to each students (if any- **cash only**): _____

Travel Agency (if applicable): _____

Contact person & telephone: _____

Contract attached: Yes ☐ No ☐Overnight? Yes ☐ No ☐ How many nights? _____

Mode of transportation: _____

Name of Transportation Company: _____

Contact person & telephone: _____

TEACHER: _____ CELL #: _____

JUSTIFICATION FOR THE FIELD TRIP

Describe the purpose of the fieldtrip and the way in which it will enhance our school's curriculum program. _____

Approved: _____

Date: _____

Denied: _____

Date: _____

Approved by:

Principal: _____

Date: _____

Bookkeeper: _____

Date: _____

City Attorney: _____

Date: _____

City Manager: _____

Date: _____

Assistant City Manager: _____

Date: _____

27.4 Incentive Awards

The School Board of Broward County provides incentive awards for teachers who take college courses or earn in-service points following their last degree (bachelor or master's degree only). Incentive awards do not need to be renewed.

Official transcripts are required for all the coursework listed on the application.

BASIC INCENTIVE CRITERIA

- 15 semester hours (300 in-service points) beyond the last degree (bachelor's or master's)
- Teacher salary Schedule
- Professional Services or Continuing Contract (annual contract teachers are not eligible)
- All completed within ten (10) years
- 12 of the 15 credits (240 in-service points) must be in the teaching/job assignments Points earned in Broward County in-service programs approved by the School Board are acceptable. In-service points transferred from other counties are not acceptable.
- Applications must be submitted to the Office Manager by September 15.

ADVANCED INCENTIVE CRITERIA

- 15 semester hours (300 in-service points) beyond the master's degree **AND** the master's level basic incentive (total 30 semester hours or 600 hours)
- Teacher salary Schedule
- Master's Degree (Incentives are not available following a specialist or doctorate degree)
- 10 years Florida teaching experience
- Professional Services or Continuing Contract (annual contract teachers are not eligible) Hold, or be eligible for the Basic Incentive.
- All completed within ten (10) years
- College credits must be upper division (junior or senior) or graduate level. (No community college courses)
- 12 of the 15 credits (240 in-service points) must be in the teaching/job assignments Points earned in Broward County in-service programs approved by the School Board are acceptable. In-service points transferred from other counties are not acceptable.
- **Applications must be submitted to the Office Manager by September 13.**

INSERVICE POINTS

Chapter 231, Florida Statutes

3. One point is equivalent to one check clock hour of participation by the typical participant.
4. Equivalence of in-service points and college credits:
 - a. One semester hour equals twenty (20) in-service points
 - b. One quarter hour equals thirteen and one-third (13 1/3) in-service points.

Application for Incentive Awards

Only teachers who hold Continuing Contract, Professional Services Contract, or who qualify for such a contract are eligible for the Incentive Award.

| | | | | |
|--|--------------------------|---------------------------------------|---|--|
| PLEASE CHECK APPROPRIATE BOX: <input type="checkbox"/> Basic Incentive <input type="checkbox"/> Advanced Incentive | | | | |
| Social Security: | | Name: | | Current Location: (Campus) FSU Campus |
| Teaching Field/Current Assignment: | | | Grade Level: (Check) K-5 | |
| | | | <input type="checkbox"/> K-5 <input type="checkbox"/> 6 - 8 <input type="checkbox"/> 9 – 12 <input type="checkbox"/> Adult/Voc. | |
| COLLEGE COURSES | | | | |
| COURSE PREFIX | COURSE NUMBER | COURSE TITLE | MONTH AND YEAR COMPLETED | SEMESTER HOURS |
| | | Please see attached In-Service Record | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| SUBMIT OFFICIAL TRANSCRIPT (S) _____ | | | TOTAL SEMESTER HOURS EARNED _____ | |

INSERVICE POINTS +

SEMESTER HOURS +

TOTAL

OFFICIAL TRANSCRIPTS ARE: ATTACHED ☐REQUESTED UNIVERSITY TO FORWARD TO CERTIFICATION, ATTENTION: INCENTIVE AWARDS: ☐

I CERTIFIED THAT THE ABOVE INFORMATION IS CORRECT:

SIGNATURE OF APPLICANT

DATE

Applications must be submitted to the Office Manager by September 15th and supporting grade reports or transcripts must be received by October 1st.***-FOR CERTIFICATION OFFICE USE ONLY -***☐ Approved

EFFECTIVE DATE OF AWARD: ____/____/____

☐ Not Approved

PROCESSED BY/DATE: _____

CERTIFICATION ADMINISTRATION: _____

27.5 Medication Notice

Teacher(s): Pembroke Pines Charter School teacher(s) and staff CANNOT administer medication (prescription or over the counter) to field trip students **WITHOUT THE BROWARD COUNTY PHYSICIANS AUTHORIZATION FORM.**

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
 Health Education Services, 600 SE 3 Avenue, 7th Floor, Ft. Lauderdale, FL. 33301 Phone: (754) 321-2272
AUTHORIZATION FOR MEDICATION / TREATMENT

Student's Name: _____ **Date of Birth:** _____ **Grade:** _____

School: Pembroke Pines Charter Schools **Phone #:** _____ **Fax#:** _____

Allergies: _____

Diagnosis: _____

| MEDICATION | DOSAGE & ROUTE | FREQUENCY | SPECIFIC TIMES | SPECIAL INSTRUCTIOS/ SIDE EFFECTS |
|------------|-------------------|-----------|-------------------|--------------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

TREATMENTS DURING SCHOOL HOURS

Treatment Plan: _____

| PROCEDURE | TYPE | MEDS/FEEDING AMOUNT | FREQUENCY SPECIFIC TIMES | RATE/ FLOW |
|------------------------|--|------------------------|-----------------------------|---------------|
| Catheterization | | | | |
| Feedings | <input type="checkbox"/> G-Tube <input type="checkbox"/> J-Tube <input type="checkbox"/> NG-Tube <input type="checkbox"/> Special | | | |
| Suctioning | <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Deep <input type="checkbox"/> Surface | | | |
| Tracheostomy | <input type="checkbox"/> Tube Replacement <input type="checkbox"/> Care (Cleaning) | | | |
| CPT | | | | |
| Oxygen | | | | |
| Missing | | | | |
| Nebulizer Tx | | | | |
| Pulse Oximeter | | | | |
| | | | | |

Are any of the above procedures required for emergency care ? ☐ YES ☐ NO, **IF "YES",** specify:

List any procedures the student has been trained to perform _____

List any limitations / precautionary measures that should be considered; e.g. physical education, outdoor activities, transporting, lifting, moving, special devices / equipment : _____

OVER ➔

AUTHORIZATION FOR MEDICATION / TREATMENT – Page 2

List any emergency precautions / health emergencies that should be anticipated for this student; e.g. allergy triggers, diabetic reactions, etc.) : _____

There are no extraordinary emergency medical services available at school. Since only CPR and first aid are available until 911 arrive, is this adequate for student survival? ☐ YES ☐ NO, IF "NO", specify:

Physician's Name (Printed)

Physician's Signature

Physician's Telephone & Fax Numbers

Physician's Office Address

Date Completed

This information will be obtained by School Board District Personnel

PARENTAL PERMISSION FOR MEDICATION / TREATMENT
(TO BE COMPLETED BY THE STUDENT'S PARENT / GUARDIAN)

Student's Name: _____ **Date of Birth:** _____ **Grade:** _____
School: _____ **Phone #:** _____ **Fax#:** _____

I grant the principal or his / her designee the permission to assist or perform the administration of each medication or treatment / procedure to or for my child during the school day including when he/she is away from school property for official school events.

NOTE:

- **Medications must be supplied in the original container.** Ask the pharmacist to divided the medication into two completely labeled containers, providing one for home and one for school.
- Only medications / treatments authorized by a physician may be administered by school personnel.
- It is your responsibility to notify the school when there is a change in medication / treatment regimen.

Parent / Guardian Name (Printed)

Signature of Parent / Guardian

Date Signed

Home Phone Number

Work Phone Number (Include Ext. if any)

Other numbers where you may be reached during school hours (Include cellular phone and beeper)

Form: #2240E

Revised: 5/02

27.6 Media Procedures

Please follow these media procedures. Remember, videos should have a curriculum basis. Videos with NR/PG/R are not to be used unless you have prior administrative approval. All videos, regardless of rating, must be approved at least one week in advance of showing.

The form below should be submitted to the building-level administrator before any video is shown. This will allow us to keep track of the number and types of videos our students are viewing. This will also assist us if a parent calls with a concern.

| | |
|--|---|
| <p align="center"><u>Media Permission Form</u></p> <p>TEACHER NAME: _____</p> | <p>GRADE/SUBJECT: _____</p> |
| <p>DATE SUBMITTED: _____</p> <p>DATE TO BE SHOWN: _____</p> | <p>TITLE: _____ _____ _____</p> |
| <p>CURRICULUM RATIONALE:</p> | |
| <p>_____</p> | |
| <p>_____</p> | |
| <p>_____</p> | |
| <p>_____</p> | |
| <p>_____</p> | |
| <p>_____</p> | |
| <p>_____</p> | |
| <p>_____</p> | |
| <p>_____</p> | |
| <p>RATING:</p> <p><input type="checkbox"/> G (general)</p> <p><input type="checkbox"/> PG (parental guidance)</p> <p><input type="checkbox"/> NR (not rated)</p> <p><input type="checkbox"/> R (restricted)</p> <p><input type="checkbox"/> Other (explain)</p> | <p><input type="checkbox"/> ADMINISTRATOR'S PERMISSION</p> <p><input type="checkbox"/> ADMINISTRATOR'S DENIAL</p> <p>_____</p> <p align="center"><i>Administrator's Signature</i></p> |

27.7 Student Accident Report



City of Pembroke Pines Charter Elementary School

- ☐ 1680 SW 184th Avenue, Pembroke Pines, FL 33029 (954) 450-6990
☐ 18500 Pembroke Road, Pembroke Pines, FL 33029 (954) 443-4847
☐ 12350 Sheridan Street, Pembroke Pines, FL 33029 (954) 322-3300
☐ 10801 Pembroke Road, Pembroke Pines, FL 33029 (954) 322-3300
☐ 601 SW 172nd Avenue, Pembroke Pines, FL 33029 (954) 499-4244

Student Accident Report

(Please print legibly)

Accident date: _____

Time: _____ ☐ a.m. ☐ p.m.

Injured student:

Name: _____

Grade:/Class: _____

Address: _____

Phone: _____

City: _____ State: _____ Zip: _____

Check type of Accident:

- ☐ Before School ☐ After School ☐ Physical Education ☐ Playground
☐ General/Classroom ☐ Field Trip ☐ Athletic/Extracurricular
☐ Other: _____

Person Notified:

Name: _____

Phone Home: _____ Work: _____ Other: _____

The Injury:

Location/Nature of Injury (be specific): _____

Treatment: (Check all that apply) ☐ Yes ☐ No Called 911?

☐ Yes ☐ No Parent Notified?

☐ Yes ☐ Transported to Hospital?

Name/Address/Phone of Doctor: (if one was consulted) _____

Please provide detailed description of the accident: _____

Witnesses:

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Employee on duty: _____

Treatment (if any): _____

Were first aid supplies used? ☐ Yes ☐ No If so, what? _____

Name/Title of person making report: _____

Signature of person making report: _____

Signature of witness(es): _____

Signature of Teacher: _____

Signature of Principal: _____

Date of report: _____