Checklist for SE Students to Jefferson Academy

Student: ___________________________ Date: __________________

School: _____________________________________________________________________________

Date of first office referral: __________________

☐ Consent for Functional Behavior Assessment obtained (after 2nd office referral)
   Date consent obtained: __________

☐ PWN given for Consent for Functional Behavior Assessment

☐ Functional Behavior Assessment Completed

☐ Behavior Plan Developed

☐ IEP Team Meeting to review FBA and BIP (copies of IEP, FBA, BIP, and PWN given to parent(s))

☐ Student attends pre-intake at Jefferson Academy (by 4th office referral)

☐ Behavior Plan revised (signed by all teachers)
   Date Revised: __________________

☐ Manifestation Determination held at 5th Office referral (review FBA and current BIP)
   *Invite Jefferson Academy personnel to meeting

☐ IEP/Addendum developed (with input from Jefferson Academy personnel)

☐ PWN given to parent

____________________________________
Teacher Signature