



Behavior Intervention Checklist (Current School Year Only)
 (Request for Expulsion)

School Site _____ Date completed: _____
 Student's Full Name: _____ Age: _____ Stu. ID _____

Referral to Student Study Team (SST) at school site:	Date: _____
504 Plan	Date: _____
Special Education- Manifestation Determination Meeting	Date: _____
Special Education- Positive Behavior Support Plan:	Date: _____
Or	
Special Education- Functional Analysis:	Date: _____
Special Education- Current IEP (12 months)	Date: _____

Other Student Support Strategies (may not be available at all site)

At least 5 interventions must be checked and verified with attached documents, except for 48195 mandatory expulsions.

Behavior Review
Character Education
Review of rules and expectations
Conference
Parent
Student
Counseling
Agency: _____
Date referred: _____
Extended Day
Detention:
Morning
Lunch
After-school
Home Visits: _____
Involuntary Placement
Mentoring
Parent attend portion of the day
Peer Court/Restorative Justice Circle
Other: _____

SART (Site Attendance Review Team):
Date of SART: _____
SARB (School Attendance Review Board)
Date of SARB: _____
Referral to Community Agency
_____ Date: _____
_____ Date: _____
_____ Date: _____
_____ Date: _____
_____ Date: _____
Saturday School
Site Level Behavior Contract
Suspension
_____ In house Number: _____
_____ Out of School Number: _____
_____ Class Number: _____
Time out Buddies/Loss of breaks
Transfer Classes
Community Services
Voluntary short-term IS
Other: _____

