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| **Student Name:** | **DOB:** |
| **SASID:** | **Facility Number:** |

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| Date of anticipated discharge from facility/treating agency: | Reason for Discharge: |
| Date of anticipated enrollment in receiving school and district: | Behaviors (triggers), GAL, ESP, Parental Rights Terminated: |
| Student address after discharge (foster care or kinship): | Parent/Guardian/ESP/GAL name & contact information: |

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| Receiving school (current school or new school): | School address: |
| General schedule (school start time, end time, modified schedule, etc.): | Class schedule (which classes will the student be attending): |
| Instructional accommodations to be provided – see attachments | Transportation arrangements: |

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| Behavior supports to be provided – see attachments | Safety plan: yes or no (if yes see attachments): |
| Services to be provided (special education, counseling, etc.): | Crisis Intervention plan (yes or no, see attached, part of IEP): |
| Transition Plan participants: | Skills learned that will support student in new setting: |
| Best Interest Determination Meeting (BID) & Date: | After Care Plan and Services Upon Discharge – see attachment |

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| Medical information, medications: | Legal Involvement: |

cc: case worker, psychologist, other staff involved with the student

Other considerations: