**STUDENT SERVICES**

**SCHOOL DISTRICT NO. 50 (HAIDA GWAII)**

**107 3rd Avenue, Queen Charlotte, BC V0T 1S0**

**Phone: 250-559-8471 Fax: 250-559-8849**

ANNUAL DESIGNATION *RENEWAL* REQUEST

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| **Student Name:** | **D.O.B.** |  |
| **School:** | **Grade:** | **Date:** | **PEN #** |

***Check*** each of the following to confirm that the student file contains the necessary evidence/documentation.

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| 1. **DEFINITION**: **Intensive Behaviour Intervention/Serious Mental Illness**
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| The behaviour or mental health assessment indicates evidence of one or both of the following:* Antisocial, extremely disruptive behaviour in most other environments and consistently/persistently over time; and/or
* Severe mental illness diagnosed by a mental health professional and the documentation is in the student’s designation file.
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| 1. **IDENTIFICATION & ASSESSMENT**:
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| There is documented evidence in the designation file that indicates:* Documentation includes a behavioural assessment (e.g. FBA, BASC , CONNERS etc.) and/or a mental health assessment.
* The behaviour places the student or others at serious risk; and/or
* The behaviour interferes with his/her academic progress and/or that of other students.
* The settings in which the behaviour occurs are persistent over time.
* The district has exhausted resources/capacity to manage.
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| 1. **PLANNING & IMPLEMENTATION**:
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| * The designation file is organized according to district standards
* Planning is coordinated, across-agency and community (ICM/Wraparound)
* A current IEP is in place.
* The IEP has individualized goals and measurable objectives and is not a replica of the previous year.
* The IEP includes an evaluation of strategies and interventions used.
* The student is being offered learning activities in accordance with the IEP.
* The IEP outlines methods for measuring progress in relation to the goals/objectives.
* There is evidence that the IEP has been recently reviewed.
* There is evidence that the parent/guardian was offered the opportunity to be consulted about the preparation of the IEP.
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| 1. **SUPPORTS & SERVICES**:
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| * The supports checklist is completed and indicates supports and services are being provided (Instructional Support Planning Document)
* A Behaviour Support Plan is current and implemented.
* The services outlined in the IEP relate to the identified needs of the student.
* The student is receiving direct intervention to promote behavioural change or emotional support as per the IEP; and/or the student has been placed in a program designed to promote behavioural change/implement the IEP; and/or
* The student is receiving ongoing, individual social skills training and/or instruction in behaviour/learning strategies.
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| 1. **EVIDENCE of CONSULTATION & COLLABORATION**:
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| There is evidence in the designation file of:* ***Contact logs from all professionals*** working with the student (counsellors, CYMH, administrator, etc.).
* Closure, transition and/or summary notes.
* Complete CYMH intake forms including goals.
* Minutes/notes of ICM or Wraparound meetings.
* Community Agency Referrals
* Behaviour Resource Teacher Consultation Notes
* SBT Minutes – Student Specific
* Other (List):
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| 1. **EVIDENCE of COMMUNITY AGENCY INVOLVEMENT**:
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| Please provide specific information about the community agencies that are currently involved. * Include the full name of the agency/community service.
* Include service start date and future/regular appointments planned.
* Include worker name and role.
* Ensure that the agency/service is referred to in the IEP as being part of the plan.
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| **Agency Name** | **Start Date/Future Date(s)** | **Worker Name and Role** | **Included in IEP** |
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|  |  |  |  |
| **Other:** |

**CONFIRMATION of SERVICE PROVIDED and of APPROPRIATE DOCUMENTATION:**

Principal Signature: SBT Chair Signature: Date:

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| ***Please forward to Student Services at the School District Office. Once you receive the signed form back, please place in the student’s designation file.*** ***Student Services approved for renewal: YES \_\_ NO\_\_ Authorized by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |

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