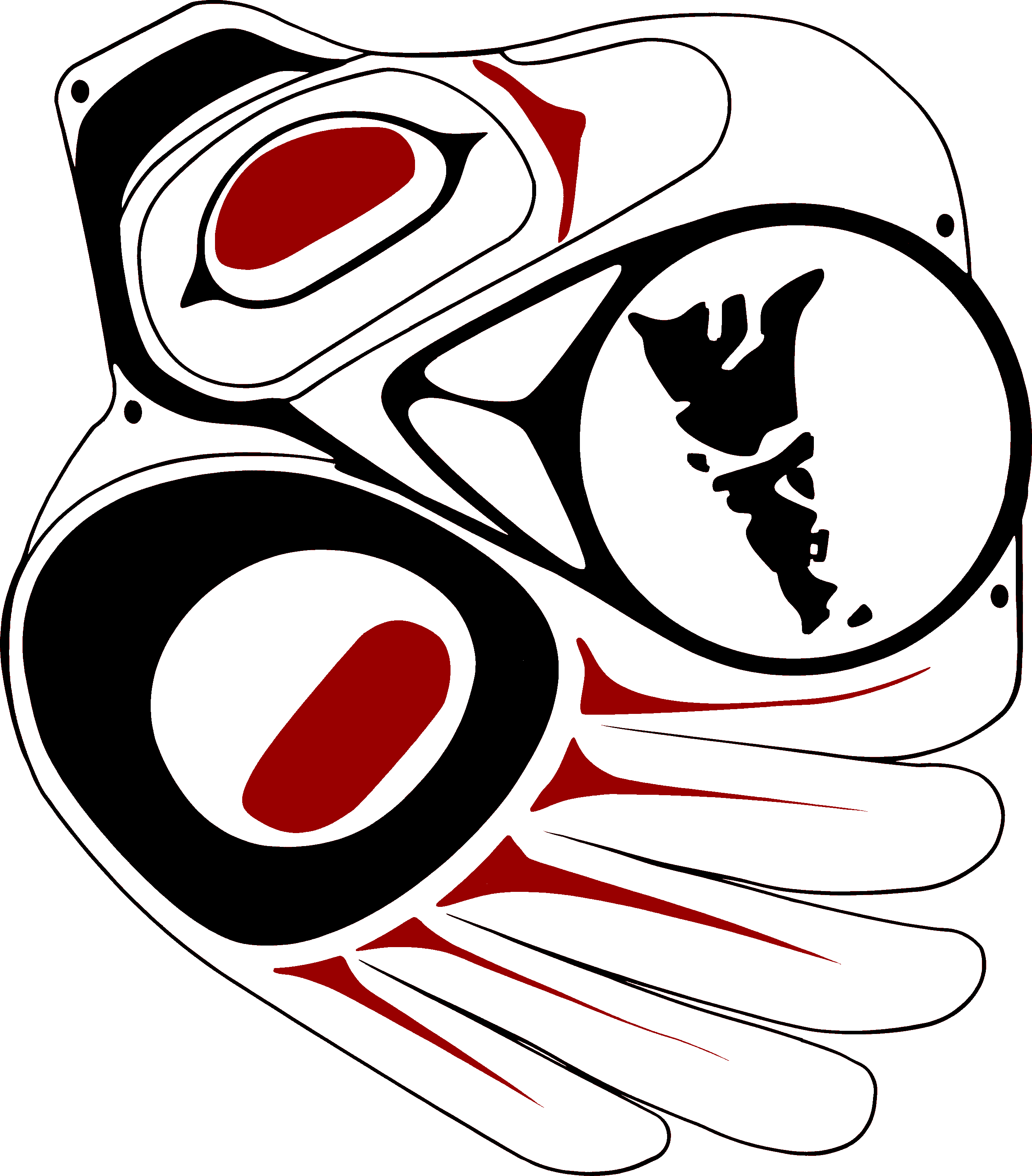
**STUDENT SERVICES**

**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** |
| 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. |
| 1. **IDENTIFICATION & ASSESSMENT**: |
| 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. |
| 1. **PLANNING & IMPLEMENTATION**: |
| * 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. |
| 1. **SUPPORTS & SERVICES**: |
| * 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. |
| 1. **EVIDENCE of CONSULTATION & COLLABORATION**: |
| 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**: | | | |
| 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. | | | |
| **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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