

Student Disposition Tool Version 2.0

Milwaukee Public Schools – Response to Intervention / PBIS - 2013

Time 1/Baseline	Time 2	Time 3	Time 4
Collected no later than 30 days from referral and before first meeting	Collected anywhere from a maximum of monthly from the point of initial assessment to a minimum of once at three months following initial assessment, or before the school year ends	Collected anywhere from a maximum of monthly from the point of Time 2 assessment to a minimum of once at six months following initial assessment, or before the school year ends	Collected anywhere from a maximum of monthly from the point of Time 3 assessment to a minimum of once at 9 months after initial meeting, or before the school year ends

Student Name: _____ **Student ID:** _____

Please identify the period of assessment:

<input type="checkbox"/> Time 1/Baseline	<input type="checkbox"/> Time 2	<input type="checkbox"/> Time 3	<input type="checkbox"/> Time 4	<input type="checkbox"/> Time 5
<input type="checkbox"/> Time 6	<input type="checkbox"/> Time 7	<input type="checkbox"/> Time 8	<input type="checkbox"/> Time 9	<input type="checkbox"/> Time 10
<input type="checkbox"/> Time 11	<input type="checkbox"/> Time 12	<input type="checkbox"/> Time 13	<input type="checkbox"/> Time 14	<input type="checkbox"/> Time 15
<input type="checkbox"/> Time 16	<input type="checkbox"/> Time 17	<input type="checkbox"/> Time 18	<input type="checkbox"/> Time 19	<input type="checkbox"/> Discharge

1) Date Tool Completed: _____

2) Has educational placement changed in the past three months? Yes No

3) If yes, please identify the **new educational placement**:

- General ed. classroom 100% of the day
- General ed. classroom with special ed. Consultation
- General ed. classroom with inclusion support
- Special ed. instruction and/or related services 1-20% of the day OUTSIDE the general ed. classroom
- Special ed. instruction and/or related services 21-60% of the day OUTSIDE the general ed. classroom
- Special ed. instruction and/or related services more than 60% of the day OUTSIDE general ed. classroom
- County or municipal detention center or jail
- Full day treatment center
- Private residential
- Alternative education setting
- Home & Hospital
- Day treatment
- Regular education Pre-school
- Special education Pre-school/Early Childhood
- Community Child Care
- Education Placement did not change

4) Are there other agencies currently involved with the student and/or family? Yes No

5) If yes, indicate agencies currently involved:

- BMCW Probation Mental Health Other _____ Not applicable

6) Does this student have BMCW involvement? Yes No

7) How many student/family team meetings were held since last review or assessment, to include baseline? _____

8) Was Exceed data used in any student/family meetings during the reporting period? Yes No

9) If yes, please indicate how data were used (check as many as apply):

- To engage team members
- To ensure voice of family
- To design interventions
- To revise actions of team
- To celebrate success
- Data not used

10) School attendance: 59% or below 60-69% 70-79% 80-89% 90-100%

11) Please rate the approximate Grade Point Average of the student:

59% or below 60-69% 70-79% 80-89% 90-100% Not applicable

12) Risk of failure in home placement: No risk Minimal risk Moderate risk High risk

13) Risk of failure in school placement: No risk Minimal risk Moderate risk High risk

14) Risk of failure in community placement: No risk Minimal risk Moderate risk High risk

15) How many office disciplinary referrals in the past three months? _____

16) How many in-school suspensions in the past three months? _____

17) How many out-of-school suspensions in the past three months? _____

18) Has the student been expelled in the past three months? Yes No

19-21. Check if services are currently being utilized (Complete at all assessment periods)

19) Home Environment

- | | | |
|---|---|--|
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Hospitalization | <input type="checkbox"/> Parent Supports |
| <input type="checkbox"/> Child Protective Services | <input type="checkbox"/> Housing Assistance | <input type="checkbox"/> Pre-natal Care |
| <input type="checkbox"/> Counseling - Couples | <input type="checkbox"/> In-Home Services | <input type="checkbox"/> Public Assistance |
| <input type="checkbox"/> Counseling - Group | <input type="checkbox"/> Individual Aide | <input type="checkbox"/> Recreation Plan |
| <input type="checkbox"/> Counseling - Individual | <input type="checkbox"/> Medical Services | <input type="checkbox"/> Respite |
| <input type="checkbox"/> Counseling – Substance Abuse | <input type="checkbox"/> Medication | <input type="checkbox"/> Service Coord./Case Mgmt. |
| <input type="checkbox"/> Domestic Violence Intervention | <input type="checkbox"/> Medication Evaluation | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Employment Assistance | <input type="checkbox"/> Mental Health Assessment | <input type="checkbox"/> Vocational Training |
| <input type="checkbox"/> Financial Support | <input type="checkbox"/> Mentoring | <input type="checkbox"/> Crisis Stabilizer |
| | <input type="checkbox"/> Parenting Education | <input type="checkbox"/> Other: _____ |

20) School Environment

- | | | |
|---|---|--|
| <input type="checkbox"/> Academic Interventions | <input type="checkbox"/> FBA/BIP | <input type="checkbox"/> Special Education Referral |
| <input type="checkbox"/> Academic Tutoring | <input type="checkbox"/> Medication | <input type="checkbox"/> Speech and Language Therapy |
| <input type="checkbox"/> After School Program | <input type="checkbox"/> Medication Evaluation | <input type="checkbox"/> Substance Abuse Treatment |
| <input type="checkbox"/> Anger Management Interventions | <input type="checkbox"/> Mentor/Advocate | <input type="checkbox"/> Summer School Program-Not part of IEP |
| <input type="checkbox"/> Case Management Services | <input type="checkbox"/> Personal Assistant/Aide or Individual Aide | <input type="checkbox"/> Transition Planning |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Peer Mentor | <input type="checkbox"/> Vocational Assessment |
| <input type="checkbox"/> Counseling - Group | <input type="checkbox"/> Peer Support Strategies | <input type="checkbox"/> Vocational/Post-Secondary Planning |
| <input type="checkbox"/> Counseling - Individual | <input type="checkbox"/> Nursing Care | <input type="checkbox"/> ESY-As part of IEP |
| <input type="checkbox"/> Crisis/Safety Plan | <input type="checkbox"/> Relaxation & Self-Modulation Training | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Curriculum Modification | <input type="checkbox"/> Social Skills Instruction | _____ |
| | | _____ |

21) Community Environment

- | | |
|--|---|
| <input type="checkbox"/> After School Programming | <input type="checkbox"/> Peer Mentor |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Recreation Services |
| <input type="checkbox"/> Community Mentoring | <input type="checkbox"/> Respite |
| <input type="checkbox"/> Cultural/Spiritual Supports | <input type="checkbox"/> Youth Support Groups |
| <input type="checkbox"/> Employment Assistance | <input type="checkbox"/> Other |
| <input type="checkbox"/> Outward Bound Experience | _____ |