

**Illinois Statewide Technical Assistance Center (ISTAC)
Systematic Information Management for Educational Outcomes (SIMEO)
COMPLEX FBA/BIP Student Disposition Tool (SD-T): FY11**

Facilitator is REQUIRED to complete the following tracking information every time data are collected:

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

- 1) Date Completed: _____
- 2) Student Name: _____ 3) Student ID: _____
- 4) Please identify the period of assessment:
- Time 1/Baseline Time 2 Time 3 Time 4 Time 5 Time 6
 Time 7 Time 8 Time 9 Time 10 Discharge
- 5) This tool was filled out by: an individual a team
- 6) If an individual, indicate role: Parent/Caregiver Teacher Wrap Facilitator Family Focus Facilitator-Autism
 Social Worker Guidance Counselor PBIS Coach
 Other: _____
- 7) Please identify all ISTAC Initiatives involved with this student and family:
- CHOICES IATTP ISRC PBIS Other
- 8) If PBIS, is this tool being filled out as: Part of a Secondary Intervention or simple FBA
 Part of an Individual Intervention or complex FBA Part of a Wraparound Process

SECTION 1: Fill out at time of referral

- 9) Date of referral: _____ 10) Name of person making referral: _____
- 11) Phone: _____ 12) Email: _____
- 13) Job Title: Parent Special Ed Director TA Specialist Agency Social Worker
 Teacher Case Manager PBIS Coach Behavior Consultant
 Principal Resource Teacher School Social Worker Therapist
 ISTAC Coordinator/Team Member School Psychologist
Other: _____
- 14) Name of individual entering SIMEO data into database: _____
- 15) Quarter: One (July1-Sept.30) Two (Oct 1-December 31) Three (January 1- March 31) Four (April 1-June 30)
- 16) State Fiscal Year _____
- 17) Date of Initial Conversation with Parent/Guardian _____ 18) Anticipated Date of First Team Mtg _____
- 19) Name of Person Facilitating Team and Individualized Plan: _____
- 20) Phone: _____ 21) Email: _____
- 22) Job Title: Parent Special Ed Director TA Specialist Agency Social Worker
 Teacher Case Manager ISTAC Coordinator/Team Member Behavior Consultant
 Principal Resource Teacher School Social Worker Therapist
 Family Focus Facilitator-Autism School Psychologist PBIS Coach
 Other:

(PBIS Only) External Coach to School

- 23) Is there an identified external coach for this school? Yes No
- 24) Name: _____
- 25) Phone: _____ 26) Email: _____

Demographics of School Student Attends

- 27) School Name: _____ 28) District Number: _____
- 29) Special Education Coop (If applicable): _____ 30) County: _____
- 31) School Address: _____ City/State: _____ Zip: _____
- 32) Contact: _____ 33) Phone: _____
- 34) Is this student in a PBIS school? Yes No
- 35) Grade: 0-3 Services K 2 4 6 8 10 12 Drop-Out Post 12 Transition
 Pre-K 1 3 5 7 9 11 Not Enrolled Home Schooling

SECTION 2: Fill out during all rating periods (baseline, quarterly, and discharge) unless otherwise indicated.

- 36) Is this student currently identified as a special education student with an IEP? Yes No
- 37 and 38) Please select disabilities as Identified on IEP: (Please indicate primary disability with 1 and secondary disability with 2)
- | | | |
|-------------------------------|---------------------------------------|-----------------------------|
| _____ Mental Retardation | _____ Hearing Impairment | _____ Emotional Disturbance |
| _____ Visual Impairment | _____ Speech &/or Language Impairment | _____ Developmental Delay |
| _____ Deafness | _____ Multiple Disabilities | _____ No Disability |
| _____ Other Health Impairment | _____ Traumatic Brain Injury | _____ 504 Plan |
| _____ Autism | _____ Specific Learning Disability | |
| _____ Orthopedic Impairment | _____ Deaf-Blind | |
- 39) The current educational placement is:
- General ed classroom 100% of the day-FACTS Code 01
 - General ed classroom with special ed consultation-FACTS Code 01
 - General ed classroom with inclusion support-FACTS Code 01
 - Special ed instruction and/or related services 1-20% of the day OUTSIDE the general ed classroom-FACTS Code 01
 - Special ed instruction and/or related services 21-60% of the day OUTSIDE the general ed classroom-FACTS Code 02
 - Special ed instruction and/or related services more than 60% of the day OUTSIDE general ed-FACTS Code 03
 - Special ed 100% in a separate public day school-FACTS Code 04
 - Special ed 100% in a separate public day school in conjunction with a separate residential component-FACTS Code 05
 - County or municipal detention center or jail-FACTS Code 07
 - IYC – Jail-FACTS Code 07
 - Private day school-FACTS Code 08
 - Private residential-FACTS Code 09
 - Alternative education setting
 - Homebound-FACTS Code 11
 - Hospital-FACTS Code 12
 - Regular education Pre-school
 - Special education Pre-school/Early Childhood
 - Community Child Care
 - Partial Day School
 - Other _____
- 40) Has educational placement changed in the past three months? Yes No

Student Demographics

- 41) Caregiver primary language: English Spanish Chinese French German Other: _____
- 42) Caregiver relationship to student: Mother Father Grandparent Step-parent Foster Parent Two Parents
 Other Relative Other: _____
- 43) Student race: Asian African-American Biracial Caucasian Hispanic/Latino Other: _____
- 44) Student Gender: Male Female
- 45) Student DOB: _____
- 46) Student Age: _____
- 47) LAN # of LAN where student resides: _____

SECTION 2 (cont) Review Assessment: Fill out during all rating periods following time of referral (quarterly and discharge)

- 48) Has this student been referred for support through their LAN?
- 49) If yes, have flexible funds been requested? Yes No
- 50) Student primary language: English Spanish Chinese French German Other: _____
- 51) Are there other agencies currently involved with the student and/or family? Yes No
- 52) If yes, indicate agencies currently involved: DCFS Probation CMHC Public Aid Other: _____
- 53) Does this student have DCFS legal involvement? Yes No
- 54) If the student has taken the State performance test since the last RD-T assessment, please identify the student's score:
 Exceeded Standards Met Standards Below Standards Academic Warning
 Did not take test within this assessment period

School Related Risk Factors: Fill out during all rating periods (baseline, quarterly, and discharge).

- 55) Risk of failure in home placement: no risk minimal risk moderate risk high risk
- 56) Risk of failure in school placement: no risk minimal risk moderate risk high risk
- 57) Risk of failure in community placement: no risk minimal risk moderate risk high risk
- 58) Has the student had any disciplinary referrals in the past three months? Yes No 59) If so, how many? _____
- 60) Has the student received any in-school suspensions in the past three months? Yes No 61) If so, how many? _____
- 62) Has the student received any out-of-school suspensions in the past three months? Yes No 63) If so, how many? _____
- 64) Has the student received any expulsions in the past three months? Yes No 65) If so, how many? _____

Other School Related Risk Factors: Fill out during all rating periods following time of referral (quarterly and discharge).

- 66) School attendance: 59% or below 60-69% 70-79% 80-89% 90-100%
- 67) Please rate the approximate Grade Point Average of the student:
 59% or below 60-69% 70-79% 80-89% 90-100% Not applicable
- 68) Has student dropped out of school? Yes No
- 69) Has student graduated from High School? Yes No 70) Date student graduated: _____
- 71) If graduated, with what? High School Diploma Certificate GED
- 72) Have the individualized supports and services through the ISTAC Initiative diverted the student from a more restrictive placement?
 Yes No Not applicable-Baseline
- 73) Has the student been discharged from the ISTAC Initiative this semester? Yes No
- 74) If yes, please identify reason for discharge:
 success completion of Initiative student transition (moved, changed schools or district) student graduated
 team dissolved student/parent opted out
 other: _____
- 75) If yes, please rate the overall success of the ISTAC Initiative (Discharge only):
 Poor Unsatisfactory Satisfactory Above Average Excellent