

Part A: Education Best Interest Determination Staffing			
<input type="checkbox"/> No BID required - student remains in school of origin's catchment area. Comments:			
Date Staffed:	Participants in Staffing: <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Child Welfare Case Management Provider (CWCMP) </div> <div style="width: 30%;"> <input type="checkbox"/> Department for Children and Families (DCF) </div> <div style="width: 30%;"> <input type="checkbox"/> Local Education Authority (LEA) </div> </div>		
<u>IMPORTANT NOTE FOR Local Education Authority (LEA):</u> If the school is participating in the Mental Health in Schools program, please ensure this document is provided to the appropriate staff at the school to coordinate any assessments or referrals needed for involvement in this program.			
Names of Attendees:			
Decision Considerations: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Length of Time Enrolled in School of Origin <input type="checkbox"/> Learning Behaviors/Disabilities <input type="checkbox"/> Safety Factors <input type="checkbox"/> Participation in Extra-Curricular Activities <input type="checkbox"/> Distance from School of Origin <input type="checkbox"/> IEP and 504 Plan Services <input type="checkbox"/> Written Input from Case Participant </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Child Preference <input type="checkbox"/> Parent Preference, if parental rights are intact <input type="checkbox"/> Child's Attachment to the School of Origin <input type="checkbox"/> Placement of Siblings <input type="checkbox"/> Influence of School Climate <input type="checkbox"/> Availability and Quality of Services <input type="checkbox"/> Caregiver Requires School Move to Maintain Placement </td> </tr> </table>		<input type="checkbox"/> Length of Time Enrolled in School of Origin <input type="checkbox"/> Learning Behaviors/Disabilities <input type="checkbox"/> Safety Factors <input type="checkbox"/> Participation in Extra-Curricular Activities <input type="checkbox"/> Distance from School of Origin <input type="checkbox"/> IEP and 504 Plan Services <input type="checkbox"/> Written Input from Case Participant	<input type="checkbox"/> Child Preference <input type="checkbox"/> Parent Preference, if parental rights are intact <input type="checkbox"/> Child's Attachment to the School of Origin <input type="checkbox"/> Placement of Siblings <input type="checkbox"/> Influence of School Climate <input type="checkbox"/> Availability and Quality of Services <input type="checkbox"/> Caregiver Requires School Move to Maintain Placement
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Decision Summary:			

Part B: Immediate Enrollment of a Child Placed in Foster Care			
Date of Placement:		Responsible State Agency:	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Department for Children and Families (DCF) </div> <div style="width: 45%;"> <input type="checkbox"/> Kansas Department for Corrections-Juvenile Services (KDOC-JS) </div> </div>
As authorized by Child Welfare Case Management Provider (CWCMP):			
Special Instructions: <ul style="list-style-type: none"> Students in foster care at any time after their 14th birthday shall be awarded a high school diploma if: Child is at least 17 years old, is enrolled or resides in the school district granting the diploma and has achieved at least the minimum high school graduation requirements adopted by state board of education. See K.S.A. 38-2285. 			

- **Education related documents can be transferred electronically using the Kansas Department of Education (KSDE) Student Record Exchange (SRE) securely.**

Section I: Student and Current Placement Information

Student Name: (First, Middle, Last)							
DOB:		SSN: (last four digits ONLY)		Phone: <input type="checkbox"/> NA		Email: <input type="checkbox"/> NA	
Child currently receiving Mental Health Services:		<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, Mental Health Provider Information if known: Child's Current Mental Health Provider: Mental Health Provider Phone Number: Mental Health Provider Email Address:			
Placement Name(s):							
Placement Address: (Street, City, State, Zip Code)							
Placement Telephone Number(s):				Placement Email:			

Section II: School in which child is being enrolled or maintained

Unified School District (USD) Name:				USD Number:	
School Name:					
School Address: (Street, City, State, Zip)					
School Phone Number:				Fax:	
School Building Contact Name:				School Building Contact Email:	
Every Student Succeeds Act (ESSA) School District Point of Contact Name:					
ESSA School District Point of Contact Phone Number:				ESSA School District Point of Contact Email:	
Enrollment Date:				Grade:	
Check all that apply:	<input type="checkbox"/> Regular Education	<input type="checkbox"/> Special Education	<input type="checkbox"/> Alternative School	<input type="checkbox"/> Online Learning	<input type="checkbox"/> English for Speakers of Other Languages (ESOL)

Section III: Last school attended

Instructions: The school of origin is the school that the child was enrolled at the time of the initial placement. If the child's foster care placement changes, the school of origin would then be the school in which the child is enrolled at the time of the placement change.

1. Unified School District (USD) Name:			USD Number:		
School of Origin Name (most recent school of attendance): <input type="checkbox"/> NA					
School Address: (Street, City, State, Zip)					
School Phone Number:		Fax:			
School Building Contact Name:		School Building Contact Email:			
Every Student Succeeds Act (ESSA) School District Point of Contact Name:					
ESSA School District Point of Contact Phone Number:		ESSA School District Point of Contact Email:			
Dates Attended:					
Check all that apply:	<input type="checkbox"/> Regular Education	<input type="checkbox"/> Special Education	<input type="checkbox"/> Alternative School	<input type="checkbox"/> Online Learning	<input type="checkbox"/> English for Speakers of Other Languages (ESOL)

Section IV: Student Educational Information

Does the student have any of the following? (Check all that apply)

1. Individual Education Plan (IEP):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Evaluation in Progress	<input type="checkbox"/> Unknown
IEP provide individualized special education and related services to meet the unique needs of the child.				
2. 504 Plan:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
504 Plans provide services and changes to the learning environment to meet the needs of the child as adequately as other students.				
3. School Behavior Contract / Management Plan:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
4. Is the student currently suspended?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dates:	Length:
5. Is the student currently expelled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dates:	Length:
6. If yes to questions 4 and 5, please explain below (fighting, truancy, drugs / alcohol, etc.).				
7. Describe in detail below any special staffing needs or safety precautions.				

8. Brief description of reasons for out of home care as relevant to the learning process.
9. List current medications below.
10. Physical or mental health conditions as relevant to the learning process.
11. Other information relevant to the learning process of this student.

Section V: Legal Educational Decision Maker					
Parent/Legal Guardian Name:					
Address: (Street, City, State, Zip)					
Phone Number:		Email:		Alternate / Back up Contact:	
Restricted Contact:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Parental Rights Terminated or Relinquished:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Provide additional details as relevant to the learning process:					
Parent/Legal Guardian Name:					
Address: (Street, City, State, Zip)					
Phone Number:		Email:		Alternate / Back up Contact:	
Restricted Contact:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Parental Rights Terminated or Relinquished:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Provide additional details as relevant to the learning process:					
Education Advocates are appointed through Families Together.					
Education Advocate Name:					<input type="checkbox"/> NA <input type="checkbox"/> In Process
Address: (Street, City, State, Zip)					
Phone Number:		Email:			
Child residing with person acting as parent (kinship relative) who meets criteria for education decision maker: <input type="checkbox"/> Yes <input type="checkbox"/> No					

Section VI: Agency Chain of Communication					
First Contact- Case Manager Name:					
Address: (Street, City, State, Zip)					
Cell Phone Number:		Office Phone Number:		Office Extension:	
Email:		Fax Number:			
Second Contact- Case Manager Partner Name:					
Address: (Street, City, State, Zip)					
Cell Phone Number:		Office Phone Number:		Office Extension:	
Email:		Fax Number:			
Third Contact- Case Team Supervisor Name:					
Address: (Street, City, State, Zip)					
Cell Phone Number:		Office Phone Number:		Office Extension:	
Email:		Fax Number:			
Fourth Contact- Education Contact Name:					
Address: (Street, City, State, Zip)					
Cell Phone Number:		Office Phone Number:		Office Extension:	
Email:		Fax Number:			
Fifth Contact- DCF Foster Care Liaison:					
Address: (Street, City, State, Zip)					

Cell Phone Number:		Office Phone Number:	
Email:		Fax Number:	
Sixth Contact- DCF Foster Care Administrator			
Address: (Street, City, State, Zip)			
Cell Phone Number:		Office Phone Number:	
Email:		Fax Number:	

