Educational Enrollment Information for School Placement Form (EEISPF)

<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.

Immediate Enrollment of a Child Placed in Foster Care

Date of Most Recent Placement:

Responsible State Agency: Department for Children and Families (DCF)

Kansas Department for Corrections- Juvenile Services (KDOC-JS)

As authorized by Child Welfare Case Management Provider (CWCMP):

Special Instructions:

- 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: Best Interest Determination *Instructions: A Best Interest Determination(BID) meeting, as defined in the Every Student Succeeds Act (ESSA), is required in any instance where a child in foster care has moved into the boundaries of a new school. The purpose of the meeting is to collaboratively determine if it is in the child's best interest to remain in the school of origin.*

Was a BID held prior to this request for enrollment?:

Yes No If no, why was a BID not held?:

Date of BID:

Name of Local Education (LEA) who participated in the BID meeting:

Summary of why it was determined during the BID that a change of school is in the child's best interest:

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Section II: Student and Current Placement Information

Student Name: (First,Middle, Last)

DOB: SSN: (last four digits ONLY) Phone: Email:

Child currently receiving Mental Health Services: Yes No

If yes, Mental Health Provider Information if known:

Child's Current Mental Health Provider:

Mental Health Provider Phone Number:

Mental Health Provider Email Address:

Current Placement Name(s):

Placement Address: (Street, City, State, Zip Code)

Placement Telephone Number(s): Placement Email:

Section III: 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: Regular Education Special Education Alternative School

Online Learning English for Speakers of Other Languages (ESOL)

Educational Enrollment Information for School Placement Form (EEISPF)

Section IV: 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.

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:

Dates Attended:

Check all that apply: Regular Education Special Education Alternative School

Online Learning English for Speakers of Other Languages (ESOL)

Section V: Student Educational Information

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

1. Individual Education Plan (IEP):Yes No Evaluation in Progress Unknown

IEP provide individualized special education and related services to meet the unique needs of the child.

2. 504 Plan: Yes No 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: Yes No Unknown

Educational Enrollment Information for School Placement Form (EEISPF)

4. Is the student currently suspended? Yes No Dates: Length:
5. Is the student currently expelled? Yes 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 VI: Legal Educational Decision Maker

Parent/Legal Guardian Name:

Address: (Street, City, State, Zip)

Phone Number: Email: Alternate / Back up Contact:

Restricted Contact: Yes No

Parental Rights Terminated or Relinquished: Yes 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:

Educational Enrollment Information for School Placement Form (EEISPF)

Restricted Contact: Yes No

Parental Rights Terminated or Relinquished: Yes No

Provide additional details as relevant to the learning process:

Education Advocates are appointed through Families Together.

Education Advocate Name: NA 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: Yes No

Section VII: 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)

Educational Enrollment Information for School Placement Form (EEISPF)

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: Office Extension:

Email: Fax Number:

Sixth Contact- DCF Foster Care Administrator

Address: (Street, City, State, Zip)

Cell Phone Number:

Office Phone Number: Office Extension:

Email: Fax Number: