

Weekly Frequency/ Duration Data Sheet



Behavior 1:	
Behavior 2:	
Behavior 3:	

Date	Time/ Location	Target Behavior	Frequency (count)	Total Duration	Interventions Used	Duration of Time Out

Interventions from BIP

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____

Instructions: Define target behaviors. Record interventions from BIP on the list above. When a behavior occurs, record the information on the chart. If the behavior is countable, record frequency. If the behavior occurs for a long period of time, record duration instead. Mark the interventions used upon occurrence of behavior by listing the corresponding intervention number. If a time out strategy was used, document the duration of the time out in the far-right column.

Frequency/Interval Data Collection



Name: _____

Date: _____

Time	Behavior 1:	Behavior 2:	Behavior 3:	Interventions Used	Duration of Time Out
7:30 – 8:00					
8:00 – 8:30					
8:30 – 9:00					
9:00 – 9:30					
9:30 – 10:00					
10:00 – 10:30					
10:30 – 11:00					
11:00 – 11:30					
11:30 – 12:00					
12:00 – 12:30					
12:30 – 1:00					
1:00 – 1:30					
1:30 – 2:00					
2:00 – 2:30					
2:30 – 3:00					
3:00 – 3:30					
Totals					

Interventions from BIP

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Instructions: Define target behaviors in first row. List interventions from student’s BIP; add any additional interventions as needed. When a behavior occurs, mark tallies within the corresponding time. In the Interventions used column, mark the intervention used with the corresponding number. If a time out strategy is used, document the duration of the time out within the far-right column.

Frequency/Interval Data Collection



Name:

Date:

Time	Behavior 1:	Behavior 2:	Behavior 3:	Interventions Used	Duration of Time Out
8:30 - 9:00					
9:00 – 9:30					
9:30 – 10:00					
10:00 – 10:30					
10:30 – 11:00					
11:00 – 11:30					
11:30 – 12:00					
12:00 – 12:30					
12:30 – 1:00					
1:00 – 1:30					
1:30 – 2:00					
2:00 – 2:30					
2:30 – 3:00					
3:00 – 3:30					
3:30 – 4:00					
4:00 – 4:30					
Totals					

Interventions from BIP

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Instructions: Define target behaviors in first row. List interventions from student’s BIP; add any additional interventions as needed. When a behavior occurs, mark tallies within the corresponding time. In the Interventions used column, mark the intervention used with the corresponding number. If a time out strategy is used, document the duration of the time out within the far-right column.

Frequency/Interval Data Collection



9.

10.

Instructions: Define target behaviors in first row. List interventions from student’s BIP; add any additional interventions as needed. When a behavior occurs, mark tallies within the corresponding time. In the Interventions used column, mark the intervention used with the corresponding number. If a time out strategy is used, document the duration of the time out within the far-right column.

06.27.2023

Frequency/Interval Data Collection



Name:

Date:

Time	Behavior 1:	Behavior 2:	Behavior 3:	Interventions Used
7:00 - 7:30				
7:30 - 8:00				
8:00 - 8:30				
8:30 - 9:00				
9:00 - 9:30				
9:30 - 10:00				
10:00 - 10:30				
10:30 - 11:00				
11:00 - 11:30				
11:30 - 12:00				
12:00 - 12:30				
12:30 - 1:00				
1:00 - 1:30				
1:30 - 2:00				
2:00 - 2:30				
Totals				

Interventions from BIP

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____

Instructions: Define target behaviors in first row. List interventions from student’s BIP; add any additional interventions as needed. When a behavior occurs, mark tallies within the corresponding time. In the Interventions used column, mark the intervention used with the corresponding number. If a time out strategy is used, document the duration of the time out within the far-right column.

10.

Name:

Date:

Time	Behavior 1:	Behavior 2:	Behavior 3:	Interventions Used	Duration of Time Out
7:00 – 7:15					
7:15 – 7:30					
7:30 – 7:45					
7:45 – 8:00					
8:00 – 8:15					
8:15 – 8:30					
8:30 – 8:45					
8:45 – 9:00					
9:00 – 9:15					
9:15 – 9:30					
9:30 – 9:45					
9:45 – 10:00					
10:00 – 10:15					
10:15 – 10:30					
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11:30 – 11:45					
11:45 – 12:00					
12:00 – 12:15					
12:15 – 12:30					
12:30 – 12:45					
12:45 – 1:00					
1:00 – 1:15					
1:15 – 1:30					
1:30 – 1:45					
1:45 – 2:00					
2:00 – 2:15					
2:15 – 2:30					
Totals					

Interventions from BIP

1.	6.
2.	7.
3.	8.
4.	9.

Instructions: Define target behaviors in first row. List interventions from student’s BIP; add any additional interventions as needed. When a behavior occurs, mark tallies within the corresponding time. In the Interventions used column, mark the intervention used with the corresponding number. If a time out strategy is used, document the duration of the time out within the far-right column.

Frequency/Interval Data Collection



5.	10.
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Instructions: Define target behaviors in first row. List interventions from student’s BIP; add any additional interventions as needed. When a behavior occurs, mark tallies within the corresponding time. In the Interventions used column, mark the intervention used with the corresponding number. If a time out strategy is used, document the duration of the time out within the far-right column.



**Fort Bend Independent School District
Special Education/504 Transfer Application**

PERMIT CODE: SPED

<u>STUDENT'S NAME:</u> LAST	FIRST	MIDDLE	<u>FBISD STUDENT ID #:</u>	<u>CURRENT GRADE:</u>
<u>CURRENT STREET ADDRESS OF STUDENT'S RESIDENCE (No P.O. Boxes, please):</u>			<u>DATE OF BIRTH:</u>	<u>HOME OR MOBILE PHONE:</u>
<u>CITY:</u>	<u>STATE:</u>	<u>ZIP CODE:</u>	<u>DAY CONTACT PHONE NUMBER:</u>	
<u>NAME OF PARENT(S)/GUARDIAN(S):</u>			<u>EMAIL:</u>	
<u>STUDENT'S CURRENT CAMPUS:</u>		<u>CAMPUS REQUESTED:</u>		

REASON FOR REQUEST

Parent/Guardian note special education/504 reason their child is not able to attend the assigned campus:

Extenuating circumstances to meet special education needs.

Special Education Administration Response:

Campus request is approved: Yes No

Special Education transportation will be provided: Yes No

Additional details provided below:

TERMS OF TRANSFER

SPED APPROVAL SIGNATURE AND DATE

RECEIVED BY DSA (for tracking purposes) SIGNATURE AND DATE

APPROVED TO (CAMPUS)



Fort Bend Independent School District

Fort Bend Independent School District Agreement to Permit Certain Private Nursing Services on District Property

Fort Bend Independent School District (District) and _____ (Parents) who are the Parents of a minor Student _____ (Student), and _____ (Nursing Agency) do hereby agree to the following terms and conditions related to the District allowing a private nurse from Nursing Agency to accompany the Student to school as follows:

1. The District and Parents agree that a private nurse provided by the Nursing Agency is employed and/or contracted solely by the Parent and/or the Nursing Agency. The private nurse may accompany the Student to school to provide all health, nursing and medical supportive care the Student may require while attending school, utilizing District transportation, and/or participating in District events or activities. The terms of this agreement are applicable to any private nurse (and/or any outside agency associated with said nurse) that accompanies the Student to school.
2. Parents and Nursing Agency agree that the Nursing Agency and private nurse have no employment relationship with the District, and neither the Nursing Agency nor the private nurse are the employees, agents, representatives, independent contractors, or volunteers of the District or in any way associated with the District. The District shall not be liable for any compensation, wages, expenses, insurance, benefits, taxes, injuries, actions, or inactions of the private nurse or Nursing Agency arising from or related to any service provided to the Student or conduct engaged in while present on District premises, District transportation, or at any District events or activities.
3. Nursing Agency agrees to provide District with copies of certificates of insurance and shall maintain such insurance in effect during the term of this Agreement consisting of general liability insurance in the amount of \$1,000,000 per occurrence and \$3,000,000 aggregate and professional liability/medical malpractice insurance coverage in the amount of \$1,000,000 per occurrence and \$3,000,000 aggregate.
4. Parent and the Nursing Agency agree that the District, its trustees, administrators, teachers, employees, officers, agents, volunteers or assigns, both in their official and their individual capacities, have no liability for any acts or omissions of the private nurse and/or Nursing Agency, including but not limited to negligence and/or intentional acts. Parents and the Nursing Agency hereby release the District, its trustees, administrators, teachers, employees, officers, agents, volunteers or assigns, both in their official and their individual

capacities, from any and all claims arising from the acts or omissions of the private nurse and/or the Nursing Agency. This release also extends to all claims and/or causes of action including those arising from the acts or omissions of the District, its trustees, administrators, teachers, employees, officers, agents, volunteers and assigns, both in their official and in their individual capacities, relating to the private nurse's presence on District premises, District transportation, or District events or activities, including but not limited to negligent or intentional acts or omissions.

THE PARENTS AND THE NURSING AGENCY AGREE TO INDEMNIFY AND HOLD HARMLESS THE DISTRICT, ITS TRUSTEES, ADMINISTRATORS, TEACHERS, EMPLOYEES, OFFICERS, AGENTS, VOLUNTEERS OR ASSIGNS, BOTH IN THEIR OFFICIAL AND THEIR INDIVIDUAL CAPACITIES, FROM ANY DAMAGES OR LOSS ARISING FROM, OR IN ANY WAY RELATED TO: (1) ANY CLAIM OR CAUSE OF ACTION ASSERTED BY THE PARENTS, THE STUDENT, THE PRIVATE NURSE, OR ANY OTHER PERSON OR ENTITY, THAT IN ANY WAY INVOLVES OR RELATES TO SERVICES PROVIDED BY THE PRIVATE NURSE; AND/OR (2) ANY FAILURE OF THE PRIVATE NURSE TO COMPLY WITH THE RULES, REGULATIONS, OR POLICIES OF THE DISTRICT. INDEMNIFICATION EXPRESSLY EXTENDS TO ALL CLAIMS OR CAUSES OF ACTION OF ANY ORIGIN, INCLUDING THOSE ARISING AS A RESULT OF THE NEGLIGENCE AND/OR INTENTIONAL CONDUCT OF THE PRIVATE NURSE, THE NURSING AGENCY, AND/OR THE DISTRICT, ITS TRUSTEES, ADMINISTRATORS, TEACHERS, EMPLOYEES, OFFICERS, AGENTS, VOLUNTEERS, OR ASSIGNS, BOTH IN THEIR OFFICIAL AND THEIR INDIVIDUAL CAPACITIES, OR ANY OTHER PERSON OR ENTITY, WHETHER BY ACT OR OMISSION. PARENTS AND NURSING AGENCY UNDERSTAND THAT THIS INDEMNIFICATION BINDS THEM, THEIR HEIRS, MINOR STUDENT, OFFICERS, ASSIGNS, DIRECTORS, AGENCT EMPLOYEES, OR CONTRACTORS.

5. The District and Parents agree that the District has offered to provide all necessary and appropriate school health services to Student in order to provide a free appropriate public education in accordance with the Individuals with Disabilities Education Act ("IDEA"). Parents agree and do hereby waive and release the Student's rights to receive such school health services from the District or to be reimbursed for providing those services through the private nurse. Parents agree that the District's agreement to allow a private duty nurse to accompany and provide services to the Student is in no way an admission by the District of any violation of the District's duty to provide a free appropriate public education to the Student. The Parents further waive and release any and all claims against the District, its trustees, administrators, teachers, employees, officers, agents, volunteers or assigns, both in their official and their individual capacities, related to the provision of school health, nursing, and medical services for the Student under state and/or federal law, including but not limited to any claims under the Individuals with Disabilities

Education Act, the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, Family Educational Rights and Privacy Act (“FERPA”), 42 U.S.C. § 1983, and the United States Constitution, the Texas Education Code and any implementing regulations which might arise as a result of this Agreement or the Student’s school health services.

6. In the event that the private nurse is absent and/or unavailable, the Parents and/or the Nursing Agency are solely responsible for arranging a substitute or replacement private nurse. The substitute or replacement private nurse shall comply with this Agreement, and all rules, regulations, policies, and notices that apply to the private nurse. In the event that a substitute nurse cannot be arranged by the Parents and/or Nursing Agency, the Parents agree that the District will provide nursing services for the Student in accordance with the Student’s Individualized Educational Program (“IEP”), Section 504 Plan, or Individual Health Plan, and/or nursing services plan.
7. The private nurse must take all precautions necessary for the safety of and prevention of damage to District property, and for the safety and prevention of injury to the Student and to all persons, including District employees and other students, while on District property or while attending District-related or District-sponsored events on or off District property with the Student. All services shall be performed entirely at the private nurse’s risk. The District shall have no liability for any damages or injuries the private nurse may sustain in the course of providing services to the Student herein. Further, the District and the Nursing Agency agree that the District shall have no liability for any damages, injuries or other claims brought by the private nurse or against the private nurse arising in any way whatsoever to the provision of any school health, nursing, or medical services to the Student by the private nurse.
8. Parents and Nursing Agency agree that the private nurse shall be subject to all of the District’s rules, regulations and policies while on District property, utilizing District transportation, and/or attending District events or activities. The District shall inform the Nursing Agency and the private nurse of District rules and regulations by providing a written copy, or access to, the applicable school rules, regulations, and policies. The Parents and Nursing Agency further agree that, should the private nurse fail or refuse to abide by the District’s rules, regulations and policies, the Parents will take steps to rectify the situation, including addressing the problem with the private nurse and/or the Nursing Agency. If the situation is not addressed to the District’s satisfaction, in the District’s sole discretion, the District may terminate this Agreement. Parents, Nursing Agency, and private nurse hereby waive the right to any damages or relief as a result of the termination of this Agreement.

9. Parents hereby agree and consent in writing to the District's release of otherwise confidential student information regarding the Student to the private nurse and/or Nursing Agency to the extent required for the private nurse to serve the Student. Parents hereby waive and release the District, its trustees, administrators, teachers, employees, officers, agents, volunteers or assigns, both in their official and their individual capacities, from any and all claims, complaints, or causes of action arising from the District's release of FERPA-protected student information relating to the Student to the private nurse and/or Nursing Agency. Nursing Agency agrees that to the extent it or its agents obtain confidential student education information relating to the Student or any other District student, as part of this Agreement, Nursing Agency and its agents, employees, and/or contractors will comply with FERPA in connection with such information. As such, Nursing Agency and the private nurse will execute the Confidentiality Agreement attached as Appendix 1.

10. The District requires all individuals who provide services on District premises, District transportation, or District events or activities to undergo a criminal background check. Nursing Agency agrees that such criminal background checks shall be performed at no cost to the District and shall be completed prior to the private nurse's presence in the District. Nursing Agency will certify that each employee or independent contractor of the Nursing Agency, or its Subcontractors, who will have continuing duties related to this Agreement and will have direct contact with any District student, including the Student, by coming on District property, District transportation, or to District events or activities, has obtained, as required by Texas Education Code Section 22.0834 and Texas Administrative Code Sections 153.1101 and 153.1117:
 - a. national criminal history record information from a law enforcement or criminal justice agency for each covered employee of Nursing Agency hired before January 1, 2008;
 - b. national criminal history record information from the Texas Department of Public Safety for each covered employee of Nursing Agency hired on or after January 1, 2008; and
 - c. national criminal history record information from the Texas Department of Public Safety for each covered employee or independent contractor of each Subcontractor of Nursing Agency during the Agreement Term.

11. Any covered employee or independent contractor of Nursing Agency, or its subcontractors, who will come on District property, District transportation, or to District events or activities as related to this Agreement must not have been convicted of an offense identified in Texas Education Code Section 22.085 or any higher standard established by the District's Board of Trustees, or any other offense the District considers inappropriate for duties related to this Agreement. Nursing Agency must notify the District of any change in the criminal history record within three (3) business days for any private nurse or other covered employee or subcontractor on the District's premises, transportation, and/or events or activities. Criminal history may be cause for the District to remove any private nurse or other covered employee or subcontractor from District premises, transportation, and/or events or activities and/or terminate this Agreement at the District's sole discretion.
12. Each private nurse shall provide the District with a copy of his or her current nurse's license issued by the Board of Nurse Examiners for the State of Texas, and proof that the nurse has passed his/her criminal background check. The private nurse must wear a name tag identifying the private nurse as a nurse and a representative of the Nursing Agency at all times when present on District premises, District transportation, and District events or activities.
13. The District requires a copy of all current doctors' orders and action plans concerning the Student. All such orders and plans must be provided to the District prior to the private nurse's arrival on campus. These orders must be kept current and must be renewed at a minimum of once every six (6) months. The District's nurse or nurse designee may, at the District's discretion, perform periodic assessments of Student's medical condition. The Parents agree to all necessary consents to the District to permit the District nurse to communicate with all service and health care providers and receive copies of all reports or copies of all reports or evaluations pertaining to the healthcare needs of the Student as required by the District.
14. The private nurse shall provide the District a copy of all nursing notes and related documentation prepared or maintained by the L private nurse concerning the services provided by the private nurse for the Student while on District property or while attending District-related or District-sponsored events on or off District property. *Copies of said notes and related documentation shall be provided to the District nurse assigned to the campus on which the Student is enrolled not later*

than one school day following the date the services were provided to the Student by the private nurse.

15. The District reserves the right to interview and approve all potential private duty nurses before being allowed access to District premises, District transportation, or District events or activities. The Parent agrees not to contest any decision by the District concerning the specific nurse approved or not approved by the District.
16. The District will not be responsible under the Nursing Practice Act for any supervisory responsibility of any private duty nurse.
17. The District shall provide assistance to the private nurse only in an emergency situation, as determined by a District nurse, in order to assist in protecting the health or safety of the Student.
18. This Agreement shall be effective upon signature of all the parties below. This Agreement is expressly conditioned upon and subject to the execution of the Notice for Private Nurses, attached as Appendix 2, by the private nurse who will be providing services under this Agreement acknowledging that he or she is not an employee or independent contractor of the District and agrees to abide by all of the District's rules, regulations and policies while present on District premises, District transportation, or District events or activities.
19. This Agreement may not be assigned by the Nursing Agency to any other Agency or care provider(s).
20. This Agreement terminates when the Student is no longer enrolled in the District, or if the Parent notifies the District of a change in the need for private nursing assistance or a change in the nursing agency utilized. In addition, the District may terminate this Agreement by providing written notice to the Parents and the Nursing Agency, effective immediately upon delivery of the written notice.
21. This Agreement may also be terminated by the Parent upon provision of written notice to the District five school days in advance of the intended cessation of services by the private nurse. In addition, the District may terminate this agreement by written notice to the Parent and the Nursing Agency, effective immediately upon delivery of the written notice to the Nursing Agency. This agreement must be completed and approved prior to the initiation of private nursing services to the student at school.



Fort Bend Independent School District

The District and Parent understand and agree that in the event of termination of this Agreement, the District's responsibility to provide school nursing services, school health related services, and personal care services to the Student, will be as was determined by the Student's Admission, Review and Dismissal or Section 504 Committee at the time this Agreement was executed by the parties, unless and until such time as (1) the District completes an additional evaluation of the Student's school nursing, school health, and personal care related service needs; and (2) the Student's Admission, Review and Dismissal or 504 Committee meets and proposes changes to those services.

22. Nothing in this Agreement waives or alters any immunities provided the District, its employees, officers, or agents under Texas or federal law.
23. This Agreement shall be governed by the laws of the state of Texas without regard to conflicts of law principles. Mandatory and exclusive venue for any dispute arising out of this Agreement shall be a court of competent jurisdiction in Fort Bend County, Texas.
24. This Agreement, together with the applicable Notice for Private Nurses, supersedes all oral and/or written agreements and constitutes the entire agreement relating to the Nursing Agency's provision of services to the Parents' student while present in the District. This Agreement may only be amended by mutual written consent of the District, Nursing Agency, and the Parents.
25. Any and all notices under this Agreement shall be given as indicted below. All parties to the Agreement shall notify the others in writing of any change in address or other change in the notification.
 - a. Fort Bend Independent School District
c/o Dr. Deena Hill, Executive Director of Student Support Services
16431 Lexington Boulevard
Sugar Land, Texas 77479
 - b. Nursing Agency



Fort Bend Independent School District

c. Parents

SIGNED:

Parent

Date

Parent

Date

Administrator for Nursing Agency

Date

Executive Director
Student Support Services
Fort Bend ISD

Date

AGREEMENT FOR CONFIDENTIALITY

The Family Educational Rights and Privacy Act, 20 U.S.C. 1232g, (FERPA) is a federal law that protects the privacy interests of parents and students with regard to education records. It affects every public elementary and secondary school, including Fort Bend Independent School District (“FBISD”).

FERPA defines “education records” broadly to include all records, files, documents, and materials, such as films, tapes, or photographs, containing information directly related to a student that an education agency or institution (such as FBISD) maintains. For example, education records include information that FBISD maintains on students in report cards, surveys and assessments, health unit records, special education records, and correspondence between the school and other entities regarding students.

FERPA restricts the release of education records or information from education records that could identify the student (“personally identifiable information”). Before releasing such records or information to a party outside the school system, the school must obtain consent of the student’s parent unless the student is 18 or over, in which case only the student can consent to the release, or unless the release falls under one of the exceptions to the consent requirement.

Statutory exceptions applicable to the prior consent requirement are set forth in detail under Section 99.31 of the FERPA regulations in Part 34 of the Code of Federal Regulations. A common exception is a disclosure made to other school officials who have a legitimate educational interest in the information. A school official includes a person or company with whom the District has contracted to perform special task. A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibilities.

If the person or entity signing below, and/or its employees, agents, representatives, or independent contractors, receives confidential student information or education records about a student as part of fulfillment of professional responsibilities while present on District premises, District transportation, or District events or activities, that information may not be disclosed to anyone who does not have a legitimate educational interest. Furthermore, you are to seek guidance from FBISD central administration before releasing any student record information.

My signature below indicates that I have read and understood the information and expectations set forth above. I and the company listed below will comply with FERPA and ensure those who work for this company listed below while present in a professional capacity on District premises, District transportation, or District events are aware of this Agreement and comply with this Agreement.

Authorized signatures:

Nursing Agency Representative

Date

Nursing Agency Name

Private Duty Nurse

Date

SURROGATE PARENT REQUEST FORM

DATE: _____

REASON FOR SURROGATE PARENT REQUEST: _____

CAMPUS: _____

STUDENT NAME: _____

STUDENT ID: _____

STUDENT AGE: _____

STUDENT GRADE: _____

PERSON ENROLLING STUDENT: _____

RELATIONSHIP TO STUDENT: _____

PENDING ARD DATE: _____

TYPE OF ARD: _____

ADDITIONAL INFORMATION: _____

**Fort Bend Independent School District Parent
Permission Slip**

(Date)

I hereby grant my son/daughter/ward _____
(Student's Name)
my permission to attend and participate in any and all activities which are a part of
the _____ community-based instruction (CBI) program.
(School Name)

I understand that the class and CBI trip activities will be supervised by adult leaders. I hereby release the FORT BEND INDEPENDENT SCHOOL DISTRICT and all its supervisors, employees, and/or representatives from any and all liability and/or claims and/or cause of actions, individually or collectively, for any damages or injuries which might be received during class activity, on field trips/CBI trips or in traveling to and from such field trip/CBI destinations, except for those for which the School District, its supervisors, employees, and/or representatives do have effective insurance coverage-- but only to the extent of such insurance coverage.

(Parent's/Guardian's Signature)

(Address, City, State, Zip Code)

(Telephone number where you may be reached
during the school day)

Data Collection Sheet for CBI - Sample

Teacher Hollie Fitzgerald

Campus School / Group A

Date/Time of trip October 2, 2023 / 10:00 – 11:30

Location(s) Bolero Bowling

	Students will demonstrate appropriate social behaviors*	Students will use calculators to keep their own bowling score (% of correct frames)	Students will calculate and stay within a budget	Comments
Amy May	Yes	80%	Yes	
Christine Shepard	Yes	70%	Yes	
Christy Calvert	No	20%	Yes	Christy became very loud when cheering on teammates – disrupted other bowlers.
Kenneth Washburn	Yes	100%	Yes	
Kelly White	Yes	80%	No	Wanted to order a snack that cost more than budget allowed
Elizabeth Crager	No	60%	Yes	Left the area often and was running to and from the restroom
James Marts	Yes	70%	Yes	
Robert Sangree	Yes	100%	No	Wanted to order a snack that cost more than budget allowed
Helen Sailors	Yes	100%	No	Put money in the change machine and wanted to play video games
Tim Green	Yes	80%	Yes	
Joshua Jax	Yes	70%	Yes	
Shannon Herman	Yes	90%	Yes	

* Appropriate social behaviors include: using quiet tone of voice, walking, not running inside the facility, using appropriate language, accepting correction, helping others.

Notification of Off-Campus Activity

Complete and submit to campus administration at least one day prior to community-based instruction trip.

Classroom Teacher(s) _____

Date _____ Time off campus _____

Locations and approximated times:

Students who will be off campus

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Who will be driving the bus(es)?

_____ District driver(s) provided by transportation

_____ Classroom driver(s). List name(s).

_____	_____
_____	_____

Paraeducators who will be on the trip:

_____	_____
_____	_____
_____	_____

CBI Teacher Checklist

Are you ready to take students into the community?

Date/Time of Trip _____

Location(s) _____

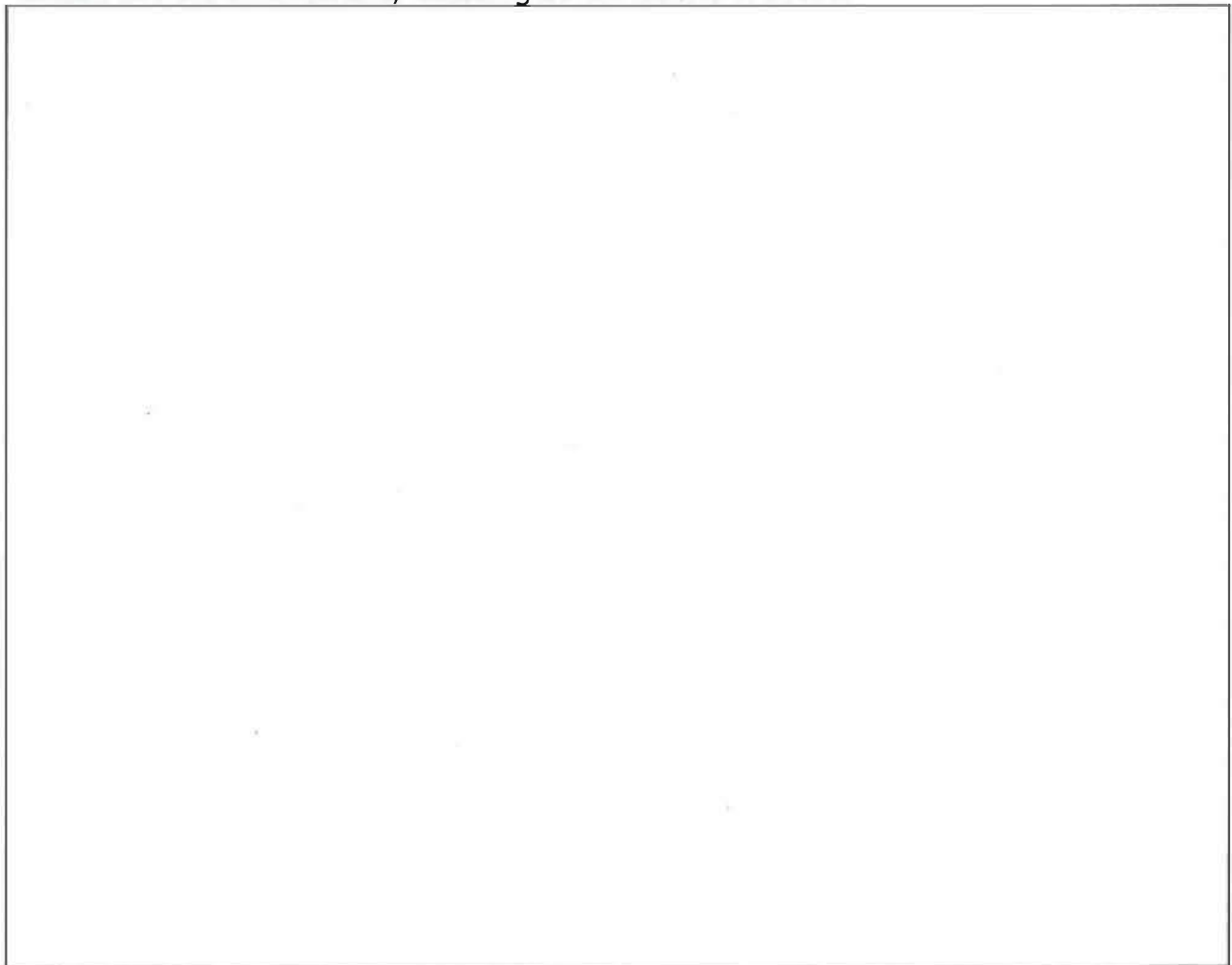
The Planning and instructional process is complete:	
	Teacher has visited the CBI site and completed the site map.
	CBI trip has been submitted and approved by program coordinator.
	Bus transportation has been requested and approved.
	Parents have been notified.
	Campus administration has been notified.
	Students are prepared for the trip (menus have been reviewed, shopping list has been generated, etc.).
	Teacher has reviewed behavioral and social expectations with students.
	Communication systems / VODs have been programmed with CBI specific information.
The following items are packed to take on the CBI trip:	
	Communication systems / VODs
	Visual supports (rule cards, task strips, etc.)
	Reinforcers
	Identification for staff and students
	Emergency forms/contact information
	First aid kit

Site Map

Never take students into environments that you, as the teacher, have not personally visited ahead of time. When you take students into any environment, you need to know where the following things are:

- ✓ Restrooms
- ✓ Accessible restrooms
- ✓ Manager / Security
- ✓ Emergency exits
- ✓ Appropriate cool down area
- ✓ Seductive areas (merchandise, play areas, special displays that will full the students' focus and possibly serve as an antecedent for socially inappropriate behavior)
- ✓ The best place to enter the site
- ✓ The best area to serve as a group meeting place

Sketch out the environment, including all the locations above.

A large, empty rectangular box with a thin black border, intended for the student to sketch the site map and mark the locations listed in the checklist above.

FORT BEND INDEPENDENT SCHOOL DISTRICT
 School Health Services
Emergency Evacuation Plan

Name: _____ Grade: _____ Student I.D. # _____ School: _____ School Year: _____

Disability / reason for plan: _____

Teacher (s): _____

Description of Plan: _____

Schedule (Secondary)	Subject	Room #	Person (s) Responsible	Back-Up Person (s)	Description of Plan*
1 st period					
2 nd period					
3 rd period					
4 th period					
5 th period					
6 th period					
7 th period					
Other					

Form completed by: _____

Date: _____

* AT=Assisted by Teacher or Staff

AP=Assisted by Peer

Fort Bend Independent School District Determination of Conflict of Interest

To serve as a surrogate parent for _____, you must not have an interest that conflicts with the interest of the child you are representing. In order to determine whether or not a conflict of interest exists, please answer the following questions by checking either "Yes" or "No":

1. I am currently an employee of the Texas Education Agency. YES NO

2. I am currently an employee of a school district. YES NO

3. I am currently an employee of an agency that is providing educational services or care to the child. YES NO

4. I have no personal or professional interest that conflicts with the interest of the child. YES NO

If the answer to any of the questions is "Yes," then a conflict of interest between your interests and the interest of the child may exist. Therefore, you may not serve as a surrogate parent for the child assigned.

Note:

Foster parents may act as a parent of a child with a disability, in accordance with **34 CFR 300.30**, if he/she complies with the requirements relating to foster parents including the completion of the surrogate training program.

Effective October 13, 2006 the federal regulation concerning surrogate parents eliminated the option of an employee of a nonpublic agency that provides only non-educational care for the child to serve as the child's surrogate parent. *Therefore, an employee of a residential facility cannot serve as the surrogate parent for students residing within the RF.* (Source: 70 Federal Register 35809, the U.S. Dept. of Education or Texas RF Monitoring Manual pg. 22)

Signatures of:

Surrogate Parent: _____ Date: _____

District / Facility Representative: _____ Date: _____

FBISD SURROGATE PARENT ASSIGNMENT FORM

DATE OF REQUEST:

STUDENT:

HOME CAMPUS:

REASON FOR REQUEST:

SURROGATE PARENT'S NAME:

SURROGATE PARENT'S NUMBER:

SURROGATE PARENT'S EMAIL ADDRESS:

DATE SURROGATE ASSIGNED:

DATE SURROGATE COMPLETED TRAINING:

FORM A1

FORT BEND INDEPENDENT SCHOOL DISTRICT
WITHDRAWAL OF REQUEST FOR VIDEO SURVEILLANCE
FOR THE 2023-2024 SCHOOL YEAR

Requester's Printed Name: _____

Address: _____

City/State/Zip: _____

Contact Information:

Home Phone: _____ Cell Phone: _____ Office Phone: _____

Email Address: _____

Date of request for video surveillance: _____

Name of Student: _____ Student ID #: _____

Campus Name: _____ Campus TEA #: _____

Location of requested surveillance: _____

Having initiated the above-referenced request for video surveillance pursuant to Section 29.022, Texas Education Code, 19 T.A.C. § 103.1301, and Board Policy EHBAF, I hereby voluntarily withdraw my request. I understand that the District will take no further action regarding my request and, if video surveillance has already begun, may discontinue video surveillance of the requested classroom/special education setting. I further understand that I will be required to submit a new request for video surveillance in the event that I wish to resume video surveillance pursuant to Section 29.022, Texas Education Code, and 19 T.A.C. § 103.1301 at a later date.

Requester's Signature: _____ Date: _____

If you are a parent, assistant principal, or staff member, please return completed Form A1 to the campus principal. If you are a campus principal or Board of Trustees, please return the completed Form A1 to the SB 1398 Administrator.

For District Use Only

Date Completed Form A1 Received

Received By: _____

SB 1398 Administrator Signature

Date

FORM B

**FORT BEND INDEPENDENT SCHOOL DISTRICT
NOTIFICATION REGARDING REQUEST FOR VIDEO SURVEILLANCE
FOR THE 2023-2024 SCHOOL YEAR**

Dear

Fort Bend ISD has received your request for video surveillance for the 2023-2024 school year for your child. This correspondence is to inform you as to the status of your request.

The District has processed your request, and it is:

APPROVED for the 2023-2024 school year for the following location(s):

The District is now in the process of preparing the classroom(s)/setting(s) for video surveillance and will notify you when surveillance begins. Please note that operation of the requested video camera(s) will not continue during the following school year unless person eligible to make a request for the next school year submits a new request.

Please contact me if you have any questions. If you have a concern or complaint regarding the District's implementation of Section 29.022, Texas Education Code, or the Commissioner's rules found at 19 T.A.C. § 103.1301, you may also address your concern or complaint to the District through the District's local grievance procedures found in Board Policies FNG (student and parent complaints/grievances) and DGBA (employee complaints/grievances).

Sincerely,



Deena Hill, Ed. D.
Executive Director, Student Support Services
Fort Bend ISD SB 1398 Administrator



July 31, 2023

Re: FBISD NOTICE OF VIDEO SURVEILLANCE

Dear Parents and Staff,

For the promotion of student safety, an eligible Parent, Principal, Assistant Principal, Staff Member, or Board of Trustees may request the installation of video cameras in certain Self-Contained Classrooms and Other Special Education Settings under Texas Education Code Section 29.022. Before the District activates such video cameras, the District is required by law to provide written notice of the placement to all campus staff and to the parents of each student attending class or engaging in school activities in the classroom or setting.

As required by law, the purpose of this notice is to inform you that the District has received an eligible request and plans to install and operate video and audio recording equipment in the following location(s) during the instructional day for the remainder of the 2022-2023 ESY Session:

Campus:

Room:

Video surveillance will be activated on **October 3, 2023**. The District will post a notice of surveillance next to the door of the affected classroom(s)/setting(s) when video surveillance begins. **Please note that Section 29.022 does not require the occurrence of an incident before a request for installation of video cameras can be made, and the District’s receipt of a request for video surveillance pursuant to Section 29.022 does not indicate that an incident has occurred in any Self-Contained Classroom or Other Special Education Setting.**

The sole purpose of video surveillance is to promote the safety of students receiving special education services. Law prohibits regular or continual monitoring of video recordings. Video recordings are confidential by law and may only be accessed or viewed by certain individuals under very limited circumstances as defined by the Texas Education Code. Video recordings may not be used for routine teacher evaluation or monitoring or for any purpose other than the promotion of student safety. **An approved request for video surveillance is only valid for the current school year. Operation of the requested video camera(s) will not continue during the following school year unless person eligible to make a request for the next school year submits a new request.** The District will retain video recordings for three (3) months following the date the recording was made or as otherwise required by law or deemed appropriate by the District.

Please contact the campus principal, _____ or me if you have any questions.

Deena Hill, Ed. D, Executive Director
Special Education
SB 1398 Administrator

FORM E

FORT BEND INDEPENDENT SCHOOL DISTRICT INCIDENT REPORT AND REQUEST TO VIEW VIDEO RECORDING

Pursuant to Section 29.022 of the Texas Education Code (“TEC”), in addition to certain District employees and representatives and other authorities designated under the TEC, the following individuals may request to view a video recording of a self-contained classroom or other special education setting in connection with an alleged Incident:

- (1) **An employee involved in an alleged Incident** that is documented by a video recording and has been reported to the District; and
- (2) **A parent of a student involved in an alleged Incident** that is documented by a video recording and has been reported to the District.

Incident, as defined in Texas Administrative Code § 103.1301(b)(9), means an event or circumstance that:

- involves alleged:
 - abuse of a student by a District employee;
 - neglect of a student by a District employee;
 - physical abuse of a student by another student; or
 - sexual abuse of a student by another student; and
- allegedly occurred in a self-contained classroom or other special education setting in which video surveillance is conducted.

Abuse, as defined in Texas Family Code § 261.001(1), means the following acts or omissions:

- mental or emotional injury to a child that results in an observable and material impairment in the child’s growth, development, or psychological functioning;
- causing or permitting the child to be in a situation in which the child sustains a mental or emotional injury that results in an observable and material impairment in the child’s growth, development, or psychological functioning;
- physical injury that results in substantial harm to the child, or the genuine threat of substantial harm from physical injury to the child, including an injury that is at variance with the history or explanation given and excluding an accident or reasonable discipline by a parent, guardian, or managing or possessory conservator that does not expose the child to a substantial risk of harm;
- failure to make a reasonable effort to prevent an action by another person that results in physical injury that results in substantial harm to the child;
- sexual conduct harmful to a child’s mental, emotional, or physical welfare, including conduct that constitutes the offense of continuous sexual abuse of young child or children under Section 21.02, Penal Code, indecency with a child under Section 21.11, Penal Code, sexual assault under Section 22.011, Penal Code, or aggravated sexual assault under Section 22.021, Penal Code;
- failure to make a reasonable effort to prevent sexual conduct harmful to a child;
- compelling or encouraging the child to engage in sexual conduct as defined by Section 43.01, Penal Code, including compelling or encouraging the child in a manner that constitutes an offense of trafficking of persons under Section 20A.02(a)(7) or (8), Penal Code, prostitution under Section 43.02(b), Penal Code, or compelling prostitution under Section 43.05(a)(2), Penal Code;
- causing, permitting, encouraging, engaging in, or allowing the photographing, filming, or depicting of the child if the person knew or should have known that the resulting photograph, film, or depiction of the child is obscene as defined by Section 43.21, Penal Code, or pornographic;

FORM E

- the current use by a person of a controlled substance as defined by Chapter 481, Health and Safety Code, in a manner or to the extent that the use results in physical, mental, or emotional injury to a child;
- causing, expressly permitting, or encouraging a child to use a controlled substance as defined by Chapter 481, Health and Safety Code;
- causing, permitting, encouraging, engaging in, or allowing a sexual performance by a child as defined by Section 43.25, Penal Code; or
- knowingly causing, permitting, encouraging, engaging in, or allowing a child to be trafficked in a manner punishable as an offense under Section 20A.02(a)(5), (6), (7), or (8), Penal Code, or the failure to make a reasonable effort to prevent a child from being trafficked in a manner punishable as an offense under any of those sections.

Neglect, as defined in Texas Family Code § 261.001(4), means the following acts or omissions:

- placing a child in or failing to remove a child from a situation that a reasonable person would realize requires judgment or actions beyond the child's level of maturity, physical condition, or mental abilities and that results in bodily injury or a substantial risk of immediate harm to the child;
- failing to seek, obtain, or follow through with medical care for a child, with the failure resulting in or presenting a substantial risk of death, disfigurement, or bodily injury or with the failure resulting in an observable and material impairment to the growth, development, or functioning of the child;
- the failure to provide a child with food, clothing, or shelter necessary to sustain the life or health of the child, excluding failure caused primarily by financial inability unless relief services had been offered and refused;
- placing a child in or failing to remove the child from a situation in which the child would be exposed to a substantial risk of sexual conduct harmful to the child; or
- placing a child in or failing to remove the child from a situation in which the child would be exposed to acts or omissions that constitute abuse under Subdivision (1)(E), (F), (G), (H), or (K) committed against another child; or
- the failure by the person responsible for a child's care, custody, or welfare to permit the child to return to the child's home without arranging for the necessary care for the child after the child has been absent from the home for any reason, including having been in residential placement or having run away.

Neglect does not include the refusal by a person responsible for a child's care, custody, or welfare to permit the child to remain in or return to the child's home resulting in the placement of the child in the conservatorship of the Department of Family and Protective Services if:

- the child has a severe emotional disturbance;
- the person's refusal is based solely on the person's inability to obtain mental health services necessary to protect the safety and well-being of the child; and
- the person has exhausted all reasonable means available to the person to obtain the mental health services described above.

Physical Abuse, as defined in Texas Family Code § 261.410(1), means the following acts or omissions:

- Physical injury that results in substantial harm to the child requiring emergency medical treatment; or
- Failure to make a reasonable effort to prevent an action by another person that results in physical injury that results in substantial harm to the child.

Sexual Abuse, as defined in TFC § 261.410(2), means the following acts or omissions:

- sexual conduct harmful to a child's mental, emotional, or physical welfare; or
- failure to make a reasonable effort to prevent sexual conduct harmful to a child.

FORT BEND INDEPENDENT SCHOOL DISTRICT
INCIDENT REPORT AND REQUEST TO VIEW VIDEO RECORDING

Incident reports should be filed with the District's SB 1398 Administrator, Deena Hill, as soon as possible after the individual filing the report suspects the alleged incident. If possible, incident reports should be filed within 48 hours of the event or circumstance giving rise to the allegation.

Requester's Name: _____

Requester's email address: _____

Requester's phone number: _____

I am a (please check one):

_____ An employee involved in an alleged Incident that is documented by a video recording.

_____ A parent of a student involved in an alleged Incident that is documented by a video recording.
Please provide your student's name and campus information below:

Student's name: _____

Student's campus: _____

My report pertains to an event or circumstance involving alleged (please check all that apply):

_____ Abuse of a student by a District employee

_____ Neglect of a student by a District employee

_____ Physical Abuse of a student by another student

_____ Sexual Abuse of a student by another student

_____ Other: _____

Location of the self-contained classroom or other special education setting where the alleged Incident occurred:

Date and time of the alleged Incident (please be specific and identify the date and time within a 48-hour window, if possible):

Please describe with specificity the nature of your report, including the events or circumstances giving rise to your report and the name of any Fort Bend ISD staff member/employee or student that may be involved in the alleged incident (please attach additional pages if necessary):

FORM E

Please provide any additional information that you would like to share in connection with your report:

Signature: _____

Date: _____

Please submit the completed Form E to the District's SB 1398 Administrator, Deena Hill. The District will contact you regarding the status of your report/request.

FORT BEND INDEPENDENT SCHOOL DISTRICT
NOTIFICATION REGARDING REQUEST TO VIEW VIDEO RECORDING

[insert date]

Dear [insert requester's name]:

FORT BEND ISD has received your Request to View Video Recording. This correspondence is to inform you as to the status of your request.

_____ **The District is processing your request. We will contact you with additional information once a determination of eligibility has been made.**

_____ **The District has processed your request, and it is:**

_____ **APPROVED.** Please contact [insert designated representative and contact information] if you wish to schedule an appointment to view the approved video recording(s). The District will arrange for you to view the video recording(s) at [insert location]. Viewing appointments are available between the hours of [] and [], [insert days of the week]. While viewing the video recording(s), you will be accompanied by an authorized District representative. No other person will be permitted to view the video recording(s). **Recording is strictly prohibited during the viewing. THE APPROVAL OF A REQUEST TO VIEW A VIDEO RECORDING SHALL IN NO WAY BE CONSTRUED AS AN ADMISSION THAT AN INCIDENT OCCURRED OR AS AN ADMISSION OF FAULT OR LIABILITY BY ANY PERSON OR ENTITY.**

_____ **DENIED for the following reason(s):**

_____ The requester is not an individual eligible to view a video recording made pursuant to Section 29.022, Texas Education Code, and the Commissioner's rules found at 19 T.A.C. § 103.1301.

_____ An alleged Incident as defined under Section 29.022, Texas Education Code, and the Commissioner of Education's rules found at 19 T.A.C. § 103.1301 is not documented by the requested video recording.

_____ Other: _____

Please contact me if you have any questions. If you have a concern or complaint regarding the District's implementation of Section 29.022, Texas Education Code, or the Commissioner's rules found at 19 T.A.C. § 103.1301, you may address your concern or complaint to the District through the District's local grievance procedures found in Board Policies FNG (student and parent complaints/grievances) and DGBA (employee complaints/grievances). A copy of these policies is available at <http://pol.tasb.org/Home/Index/483>.

Sincerely,

[INSERT SIGNATURE BLOCK]

May 17, 2023

Re: Notice of Discontinued Video Surveillance

Dear Parents and Staff,

The Texas Education Code (TEC) requires a school or campus that places a video camera in a self-contained classroom or other special education setting in accordance with TEC § 29.022 to operate and maintain the video camera, as long as the classroom or setting continues to satisfy the requirements of TEC § 29.022, for the remainder of the school year in which the school or campus received the request for video surveillance, unless the requester withdraws the request in writing. If a school or campus will discontinue operation of a video camera, it must provide notice of such discontinuation to the parents of each student in regular attendance in the classroom or setting.

In accordance with TEC § 29.022, the purpose of this notice is to inform you that, as permitted by applicable law, operation of the video camera(s) in the location(s) listed below will not continue during the 2023-24 school year, unless a person eligible to make a request under TEC § 29.022 submits a new request.

Campus:

Room #	Program

To make a request for the 2023-24 school year, please complete Form A, Request for Video Surveillance which can be found on the Special Education Department Website at <https://www.fortbendisd.com/Page/67386>. Additional information regarding the District's video surveillance procedures under TEC § 29.022 can also be found on the website.

Please contact Katherine Krueger or Dr. Deena Hill with any questions or concerns.



Deena Hill, Ed. D.
Executive Director, Student Support Services
SB 1398 Administrator
Fort Bend Independent School District

Parent Notification of Community Based Instruction

Teacher _____

Date of Trip _____

Time of Trip _____

Location(s) _____

The purpose of this trip is to _____

Each student should bring _____

We will be working on the following skills; which will be individualized based on your student's skills and IEP objectives (not every student will be working on all of the skills listed below):

Math	
Reading	
Social Skills	
Language	
Daily Living	
Community Living	

_____ has my permission to participate in this CBI trip. I understand that students will be transported on a bus by a certified driver.

_____ has my permission to be photographed while participating on this trip, should the opportunity arise. I understand these photographs may be used for school-related activities.

Parent/Guardian

Date



Fort Bend Independent School District

Private Duty Nurse (PDN) Expectations and Acknowledgement

PDN Name: _____ PDN Phone #: _____ - _____ - _____ Agency
Name: _____ Agency Phone #: _____ - _____ - _____

1. General Assignment Information

- a. Professional dress or clean, wrinkle-free scrubs may be worn.
- b. An agency identification badge is required at all times.
- c. Use of personal electronic communication devices (tablets/cellular phones) to conduct personal business are prohibited during instructional time.
- d. Sleeping at any time during the school day is considered a threat to student safety and will not be tolerated.
- e. PDNs are not permitted access to FBISD computers at any time.
- f. PDNs should consult agency supervisor/policy regarding lunch breaks.
- g. PDNs should report planned and unplanned absences to her/his employing agency and the Program Manager of Student Support Services or Lead Special Education Nurse.
- h. Program Manager of Student Support Services – Ronje Gonzales 281-634-1242.
- i. Lead Special Education Nurse - Tiffany Tipps 281-634-6528.

2. Responsibility to Student & Guardian

- a. PDN must actively monitor her/his assigned student(s) at all times and provide all ordered nursing care.
- b. Appropriate supervision for the student(s) should be assured when the PDN will not be close enough to actively monitor the assigned student(s).
- c. Before a student can be transported to school by FBISD, the PDN must ensure that all required emergency care items are with the student and are in proper working condition.
- d. PDN is responsible for the transportation of all medical equipment to and from home and during the school day.

3. Responsibility to FBISD Nurses

- a. Written/electronic copy of documentation shall be provided to the classroom nurse or Lead Special Education Nurse.
- b. The campus/classroom nurse should be consulted for any significant changes in the students' stability during the school day or in the event of a medical emergency.

4. Confidentiality

- a. PDN must safeguard the privacy of all FBISD students when sharing information with the student's parent, guardian, or home health care giver. Reporting information about any other student in the classroom to the assigned student's parent/guardian is **never** permissible.
- b. PDNs should only report relevant medical/treatment information to parents/guardians.
- c. Should parents/guardians inquire about any aspect of the student's education, the PDN **must** refer the parent/guardian to the classroom teacher.
- d. Non-patient related employee concerns should be addressed by the employing agency or FBISD.
- e. Be aware/considerate of adult conversation that is not appropriate for students.

5. Documentation

- a. All documentation should be completed daily using the approved format from the nursing agency. Any changes or updates to the daily plan of care should be reported to FBISD nurse immediately as to prevent an error in the absence of the agency nurse.
- b. In accordance with BON Rule 217.11, documentation should include client status, including signs and symptoms; nursing care rendered; physician, dentist, or podiatrist orders; administration of medications and treatments; client response; and contacts with other healthcare team members concerning significant events.

6. **Release of Liability.** The PDN agrees that the District has no liability for injury or other claims brought by the PDN or against the PDN arising in any way from or related to the performance of their duties at the District. The PDN must take all precautions necessary for the safety and prevention of damage to District property and for the safety and prevention of injury to persons, including District employees and students. All work shall be performed entirely at the PDN’s risk. The District has no liability for any damages or injuries the PDN may sustain or cause in the course of providing services to the Student. The PDN shall be responsible for cost of repair or replacement of any District-owned property that PDN damages or destroys, other than normal wear and tear.

PDN RELEASES, ACQUITS AND HOLDS HARMLESS THE DISTRICT, ITS TRUSTEES, ADMINISTRATORS, TEACHERS, EMPLOYEES, SCHOOL NURSES, OFFICERS, AGENTS, VOLUNTEERS AND ASSIGNS FROM ANY AND ALL CLAIMS, CAUSES OF ACTION, LIABILITIES, DAMAGES, COSTS OR EXPENSES ARISING FROM OR RELATED TO THE SERVICES PROVIDED UNDER THIS AGREEMENT OR THE PDN’S PRESENCE ON DISTRICT PREMISES AND/OR DURING TRANSPORTATION TO/FROM THE DISTRICT OR A DISTRICT SPONSORED/RELATED EVENT. THIS RELEASE EXPRESSLY EXTENDS TO ALL CLAIMS OR CAUSES OF ACTION OF ANY ORIGIN, WHETHER BY ACT OR OMISSION, INCLUDING THOSE ARISING AS A RESULT OF THE NEGLIGENCE OF (OR THE OPERATION, USE OR MAINTAINENCE OF ANY MOTOR VEHICLE BY) THE DISTRICT, ITS TRUSTEES, ADMINISTRATORS, TEACHERS, EMPLOYEES, SCHOOL NURSES, OFFICERS, AGENTS, VOLUNTEERS AND ASSIGNS, ALL IN BOTH THEIR OFFICIAL AND INDIVIDUAL CAPACITIES. THE PDN PROVIDER AGREES AND COVENANTS NOT TO SUE THE DISTRICT, ITS TRUSTEES, ADMINISTRATORS, TEACHERS, EMPLOYEES, SCHOOL NURSES, OFFICERS, AGENTS, VOLUNTEERS OR ASSIGNS FOR SUCH CLAIMS OR CAUSES OF ACTION.

7. Miscellaneous

- a. _____

- b. _____

My signature below indicates that I have received a copy of this memorandum. I understand the expectations outlined above, and I will comply with each expectation while providing school health services or direct nursing care for a FBISD student(s).

Private Duty Nurse signature:

Date:

Signature

Printed Name

I have reviewed the PDN expectations with the above nurse.

Date:

Lead Special Education Nurse:

Signature

Printed Name

Program Manager of Student Support Services:

Date:

Signature

Printed Name

Project Read Progress Summary

Student: _ Grade: _ Campus: _ SPED Teacher: _ School Year: _

BOY	<p style="text-align: center;">Phonics</p> <p>(Basic Reading)</p> <input type="checkbox"/> Student was not utilizing this strand at this time of year	Phonics Pre- Assessment out of 200 pts Date	Ren 360 BOY Reading Screener GE= <i>-Or-</i> Early Literacy	If applicable BOY DRA= PAPI= Other=
BOY	<p style="text-align: center;">Comprehension</p> <p>(Report Form)</p> <input type="checkbox"/> Student was not utilizing this strand at this time of year	Comprehension Unit # started Date started	Comments:	If applicable BOY Brigance= Other=
BOY	<p style="text-align: center;">Writing</p> <p>(Framing Your Thoughts)</p> <input type="checkbox"/> Student was not utilizing this strand at this time of year	Writing Unit # started Date started	Comments:	If applicable BOY Brigance= Other=

Unit #	Unit #	Unit #	Unit #
Mastery check out of points	Mastery check out of points	Mastery check out of points	Mastery check out of points
Unit #	Unit #	Unit #	Unit #
Mastery check out of points	Mastery check out of points	Mastery check out of points	Mastery check out of points
Unit #	Unit #	Unit #	Unit #
Mastery check out of points	Mastery check out of points	Mastery check out of points	Mastery check out of points
Unit #	Unit #	Unit #	Unit #
Mastery check out of points	Mastery check out of points	Mastery check out of points	Mastery check out of points
Phonics Unit # 2-8 Cumulative	Phonics Unit # 2-17 Cumulative	MOY R 360	MOY other
Mastery check out of 40 points	Mastery check out of 60 points	Reading Screener GE= Early Literacy	DRA= PAPI= Other=

EOY	<p style="text-align: center;">Phonics</p> <p>(Basic Reading)</p> <input type="checkbox"/> Student was not utilizing this strand at this time of year	Phonics Post- Assessment out of 200 pts Date	Ren 360 EOY Reading Screener GE= <i>-Or-</i> Early Literacy	If applicable EOY DRA= PAPI=
EOY	<p style="text-align: center;">Comprehension</p> <p>(Report Form)</p> <input type="checkbox"/> Student was not utilizing this strand at this time of year	Comprehension Unit # completed Date ended	Comments:	If applicable BOY Brigance= Other=
EOY	<p style="text-align: center;">Writing</p> <p>(Framing Your Thoughts)</p> <input type="checkbox"/> Student was not utilizing this strand at this time of year	Writing Unit # completed Date ended	Comments:	If applicable BOY Brigance= Other=

Fort Bend Independent School District

SECONDARY Project Read Student Progress Report

Student: _____ Grade _____ Campus _____ SPED Teacher _____



Student is not currently utilizing PHONICS Strand, so this section is blank.

1st 9 weeks	Project Read Strand - PHONICS	Date Unit Started	Beginning Unit Number	Date Unit Ended	Ending Unit Number

Comments:

2nd 9 weeks	Project Read Strand - PHONICS	Date Unit Started	Beginning Unit Number	Date Unit Ended	Ending Unit Number

Comments:

3rd 9 weeks	Project Read Strand - PHONICS	Date Unit Started	Beginning Unit Number	Date Unit Ended	Ending Unit Number

Comments:

4th 9 weeks	Project Read Strand - PHONICS	Date Unit Started	Beginning Unit Number	Date Unit Ended	Ending Unit Number

Comments:



Student is not currently utilizing LINGUISTICS Strand, so this section is blank.

1st 9 weeks	Project Read Strand - LINGUISTICS	Date Unit Started	Beginning Unit Number	Date Unit Ended	Ending Unit Number

Comments:

2nd 9 weeks	Project Read Strand - LINGUISTICS	Date Unit Started	Beginning Unit Number	Date Unit Ended	Ending Unit Number

Comments:

3rd 9 weeks	Project Read Strand - LINGUISTICS	Date Unit Started	Beginning Unit Number	Date Unit Ended	Ending Unit Number

Comments:

Fort Bend Independent School District

4 th 9 weeks	Project Read Strand - LINGUISTICS	Date Unit Started	Beginning Unit Number	Date Unit Ended	Ending Unit Number

Comments:

Student is not currently utilizing REPORT FORM-COMPREHENSION Strand, so this section is blank.

1 st 9 weeks	Project Read Strand - REPORT FORM- COMPREHENSION	Date Unit Started	Beginning Unit Number	Date Unit Ended	Ending Unit Number

Comments:

2 nd 9 weeks	Project Read Strand - REPORT FORM- COMPREHENSION	Date Unit Started	Beginning Unit Number	Date Unit Ended	Ending Unit Number

Comments:

3 rd 9 weeks	Project Read Strand - REPORT FORM- COMPREHENSION	Date Unit Started	Beginning Unit Number	Date Unit Ended	Ending Unit Number

Comments:

4 th 9 weeks	Project Read Strand - REPORT FORM- COMPREHENSION	Date Unit Started	Beginning Unit Number	Date Unit Ended	Ending Unit Number

Comments:

Student is not currently utilizing FRAMING YOUR THOUGHTS-WRITING Strand, so this section is blank.

1 st 9 weeks	Project Read Strand - FRAMING YOUR THOUGHTS-WRTG	Date Unit Started	Beginning Unit Number	Date Unit Ended	Ending Unit Number

Comments:

2 nd 9 weeks	Project Read Strand - FRAMING YOUR THOUGHTS-WRTG	Date Unit Started	Beginning Unit Number	Date Unit Ended	Ending Unit Number

Comments:

Fort Bend Independent School District

3rd 9 weeks	Project Read Strand - FRAMING YOUR THOUGHTS-WRTG	Date Unit Started	Beginning Unit Number	Date Unit Ended	Ending Unit Number

Comments:

4th 9 weeks	Project Read Strand - FRAMING YOUR THOUGHTS-WRTG	Date Unit Started	Beginning Unit Number	Date Unit Ended	Ending Unit Number

Comments:



PARENT COORDINATION
Network

SURROGATE PARENT DOCUMENTATION

_____ is appointed a surrogate parent for _____,
(name of surrogate) (name of student)

whose parents are unknown, unable to be located, or who is a ward of the state.

As a surrogate parent, _____ has completed the approved surrogate
(name of surrogate)

parent training on _____, at _____ covering the
(date) (location and time)

required topics by 34 CFR §300.519, TEC §29.001 (10), and TAC §89.1047:

- Identification of a child with a disability;
- Collection of evaluation and re-evaluation data relating to a child with a disability
- ARD committee process
- Development of an IEP, including the consideration of transition services for a child who is at least 14 years of age;
- Determination of least restrictive environment;
- Implementation of an IEP;
- Procedural Safeguards;
- Sources to contact to obtain assistance in understanding the laws, rules, and regulations relating to children with disabilities; and
- Duties and responsibilities of surrogate parents.

As a surrogate parent, _____ has agreed to the requirements established
(name of surrogate)

for surrogate parents including:

- Being willing to serve in that capacity;
- Exercising independent judgement in pursuing the child's interests;
- Ensuring that the child's due process rights are not violated;
- Completing a training program that complies with minimum standards established by TEA;
- Visiting the child and the child's school;
- Reviewing the child's educational records;
- Consulting with persons involved in the child's education; and
- Attending ARD committee meetings.

Surrogate Parent: _____ Date: _____

District Representative: _____ Date: _____

Trainer/Title of Trainer: _____ Date: _____



PARENT COORDINATION
Network

SURROGATE PARENT TRACKING FORM

Name of Student: _____ DOB: _____

District: _____ School: _____

Surrogate Parent: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Date Surrogate Parent Assignment Made: _____
(Assignment made within 30 days of determining a Surrogate Parent was needed or court appointed)

Date Surrogate Parent Completed Required Training: _____
(Training completed before the ARD committee meeting or within 90 days of assignment)

Surrogate Parent: _____ Date: _____

District Representative: _____ Date: _____