

STUDENT WELFARE
STUDENT SUPPORT SERVICES

FFC
(EXHIBIT)

See the following pages for forms that may be used for Student Support Services:

Exhibit A: Homeless Liaison—1 page

~~Exhibit B: Student in Foster Care Educational Best Interest Factors—3 pages~~

~~Exhibit C: Individual Transportation Plan Template for Student in Foster Care—4 pages~~

DRAFT

El Paso ISD
071902

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EXHIBIT A

HOMELESS LIAISON

The District has designated the following employee as the liaison for homeless students:

Name: Olivia Narvaez

Position: Social Worker - Homeless

Address: **1014 N. STANTON** ~~6531 Boeing Drive~~, El Paso, TX 79925 ~~502~~

Telephone: (915) 230-2383

~~EXHIBIT B~~

~~STUDENT IN FOSTER CARE EDUCATIONAL BEST-INTEREST FACTORS~~

~~A student in foster care may remain at his or her school of origin unless the Department of Family and Protective Services (DFPS) makes a determination that it is not in the child's best interest. "School of origin" is defined as the school that the student is attending at the time of the student's placement in foster care or of a change in placement. This form provides information that will help the DFPS determine whether it is in the best interest of a student in foster care to remain in the school of origin when there is an initial placement in foster care or a change in residential placement and to evaluate what is best for the student's education.~~

~~This form should be completed by representatives from the student's school of origin who are knowledgeable about the student and are able to provide feedback on how changing schools would impact the student's academic, social, and emotional well-being; significant relationships that the student may have formed with staff and peers; and other factors. These individuals could include the student's teacher, counselor, coach, foster care liaison, or other meaningful person in the student's life. Each District representative should complete a separate form.~~

~~Completed forms should be provided to the District foster care liaison, who will share the form with the student's education decision maker and caseworker.~~

~~Student's name: _____~~

~~Student's grade level: _____~~

~~Student's school of origin: _____~~

~~Name and title of person completing form: _____~~

~~Relationship to student: _____~~

~~**Student Preferences**~~

~~Has the student expressed any preferences regarding which school the student will attend? Please provide details.~~

~~Has the student expressed any feelings about safety or other relevant aspects regarding the environment at the school of origin? Please provide details.~~

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Academic Factors

~~How is the student performing academically?~~

~~How has the student's academic performance changed since the student enrolled in the school of origin?~~

~~Does the student participate in any specialized instruction, such as a gifted and talented, ELL, or career and technical program? Please describe.~~

~~Are there appropriate or adequate services available in the school of origin to meet the student's educational, social, and emotional needs? Please explain.~~

~~In your opinion, how will remaining in the school of origin impact the student's academic performance?~~

Social/Emotional Factors

~~Describe any meaningful relationships the student has formed with District staff at the school of origin.~~

~~Describe any meaningful relationships the student has formed with other District students at the school of origin.~~

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~~Describe the student's participation in any extracurricular or after school activities.~~

~~Describe any other ties the student has to the school of origin.~~

Conclusions

~~In your opinion, how will remaining in the school of origin impact the student's social, emotional, or behavioral well being?~~

Signature: _____

Date: _____

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~~EXHIBIT C~~

~~INDIVIDUAL TRANSPORTATION PLAN TEMPLATE FOR STUDENT IN FOSTER CARE~~

~~**Note:** [For additional guidance, see TEA's Foster Care and Student Success website at <http://tea.texas.gov/FosterCareStudentSuccess/> and the U.S. Department of Education and Health and Human Services' *Non-Regulatory Guidance: Ensuring Educational Stability for Children in Foster Care* at <http://www2.ed.gov/policy/elsec/leg/essa/edhhsfostercarenonregulatorguide.pdf>.]~~

~~Based on the determination that it is in the student's best interest to remain in the school of origin, this plan addresses how transportation to the school of origin will be provided, arranged, and funded. The goal of this plan is to allow the student to remain in the school of origin without interruption.~~

~~In developing this transportation plan, participants evaluated student safety, cost effectiveness, reliability, and time and distance of the commute. Efforts were made to avoid or mitigate any additional costs.~~

Student Information

Student's name: _____

Student's grade level: _____

Student's foster parent or caregiver: _____

Student's school of origin: _____

Address at which student is currently living: _____

School that the student would attend based on current address: _____

Participants in Plan Development

~~The following District personnel were involved in the development of this plan: (List the names and positions as appropriate.)~~

☐ ~~District foster care liaison~~

Name: _____

☐ ~~Title I director~~

Name: _____

☐ ~~Transportation director~~

Name: _____

☐ ~~McKinney-Vento homeless liaison~~

Name: _____

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☐ ~~Special education director~~

Name: _____

☐ ~~Principal at school of origin~~

Name: _____

☐ ~~Principal at school student would otherwise attend~~

Name: _____

☐ ~~Other: (List names and positions of other relevant federal programs staff, personnel from assigned school if not within District boundaries, and the like.)~~

~~The following representatives of the Texas Department of Family and Protective Services (DFPS) were involved in the development of this plan: (List names and positions as appropriate.)~~

☐ ~~Education decision maker~~

Name: _____

☐ ~~Caseworker~~

Name: _____

☐ ~~Foster parent or caregiver, if different from the educational decision maker~~

Name: _____

☐ ~~Court appointed special advocate (CASA)~~

Name: _____

☐ ~~Other~~

Name: _____

~~Additional Costs of Transportation~~

~~(Note: Additional costs reflect the difference between what the District would spend to transport a student to the assigned school and the cost of transporting a student in foster care to his or her school of origin. In accordance with the federal Non-Regulatory Guidance, if the District is able to provide transportation through an established bus route, there are no additional costs. If the District will reroute buses or provide transportation through a private vehicle or transportation company, the District may consider as additional costs the cost of rerouting buses or the difference between the special transportation costs and the usual transportation costs.)~~

~~As a comparison for determining whether additional costs will be incurred in transporting the student to the school of origin, the cost of transporting the student to the school that the student would otherwise attend is estimated to be: _____~~

~~The cost estimate of providing transportation under this plan is estimated to be: _____~~

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~~Thus, the cost of providing daily transportation for the student to the school of origin under this plan (does/does not) require additional costs. These additional costs will be funded in the following manner: (Describe how the additional costs will be funded and what funding sources are available.)~~

Transportation

~~(For each situation below, describe details of the transportation method. Identify which individuals are responsible for each segment of the commute, including whether an adult will be needed to accompany younger students on any segments; sign off procedures to ensure that the student successfully completes each segment; and the like.)~~

~~Until the daily transportation method can be fully implemented, immediate transportation to the school of origin will be provided in the following manner:~~

~~Daily transportation to the school of origin will be provided in the following manner:~~

~~If it is known in advance that the daily transportation method will not be available, transportation will be provided in the following manner:~~

~~Should the daily transportation method not be available based on an unanticipated event, the following action steps will be initiated to ensure that the student is able to get to school on time: (Describe the steps that should be taken, by whom, and by what time.)~~

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~~The student participates in after school activities on the following days that require adjustments to the daily transportation method: (Describe the days and times of after school activities.)~~

~~Transportation on these days will be provided in the following manner:~~

Review and Termination

~~This plan will be reviewed when any circumstances have changed that affect implementation of the plan and at the beginning of each semester.~~

~~Upon the student's exit from foster care, the student can remain in the school or origin. The _____ (title and name of the responsible DFPS staff) will notify the District foster care liaison so that this transportation plan may be reviewed.~~

~~Foster care liaison's signature: _____~~

~~Date: _____~~

~~Superintendent's signature: _____~~

~~(Or signature of other District official who has authority to approve any additional expenditures required by this plan.)~~

~~Date: _____~~

~~DFPS education decision maker's signature: _____~~

~~Date: _____~~

~~Foster parent or caregiver's signature: _____~~

~~(If different from the educational decision maker.)~~

~~Date: _____~~