

# *Mid-Valley Special Education Cooperative*

1304 Ronzheimer Ave St. Charles, IL 60174 (331) 228-4873 (331) 228-4874 fax (331) 228.4874

*Serving children and families of the Batavia, St. Charles, Geneva, Kaneland and Central Community School Districts*

## **Request for Student Collaboration**

In completing this request, I understand that the purpose of this collaboration is to provide coaching support in assisting the team in developing and implementing a comprehensive function-based support plan to maintain the student's current educational placement. This collaboration is a long-term process that requires regular team meetings, on-site coaching and multiple classroom observations, and plan evaluation. Please complete the requested information and return to Jennifer Phillips at jennifer.phillips@d303.org or 331-228-4891.

**Date of Request:** \_\_\_\_\_

|                                                                            |               |             |                           |                                                                                     |              |                   |                      |
|----------------------------------------------------------------------------|---------------|-------------|---------------------------|-------------------------------------------------------------------------------------|--------------|-------------------|----------------------|
| <b>First</b>                                                               | <b>Middle</b> | <b>Last</b> | <b>School Attending</b>   | <b>Age</b>                                                                          | <b>Grade</b> | <b>Disability</b> | <b>Home District</b> |
| <b>Building-Level Contact</b>                                              |               |             | <b>Phone</b>              | <b>E-Mail</b>                                                                       |              |                   |                      |
| <b>Parent Name:</b>                                                        |               |             | <b>Parent Phone:</b>      | <b>Date and method of parent notification about this request for collaboration:</b> |              |                   |                      |
| <b>Does the student have a current FBA/BIP?</b><br>Yes    No    In Process |               |             | <b>Date of FBA:</b> _____ | <b>Date of BIP last revision:</b> _____                                             |              |                   |                      |

### **Building-Level Team Members**

| Name | Role | Email | Phone | Participated in MV Training |   |
|------|------|-------|-------|-----------------------------|---|
|      |      |       |       | Y                           | N |
|      |      |       |       | Y                           | N |
|      |      |       |       | Y                           | N |
|      |      |       |       | Y                           | N |
|      |      |       |       | Y                           | N |

**Does the team have regularly scheduled collaboration meetings, if so what day and times?**

\_\_\_\_\_

**Please describe the student concerns for which you are seeking MV assistance:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please describe interventions attempted, length of time attempted, as well as the outcomes** (Attach all progress monitoring data):

| Intervention | Time Frame Attempted (Date Range) | Outcomes:     |                         |                         |            | Is it still in place? |   |
|--------------|-----------------------------------|---------------|-------------------------|-------------------------|------------|-----------------------|---|
|              |                                   | NC: No Change | D: Decrease in Behavior | I: Increase in Behavior | U: Unknown |                       |   |
|              |                                   | NC            | D                       | I                       | U          | Y                     | N |
|              |                                   | NC            | D                       | I                       | U          | Y                     | N |
|              |                                   | NC            | D                       | I                       | U          | Y                     | N |
|              |                                   | NC            | D                       | I                       | U          | Y                     | N |
|              |                                   | NC            | D                       | I                       | U          | Y                     | N |

*Please attach the most recent copy of the student's IEP, tier 3 plan, problem solving paperwork as applicable.*

**Building Administrator: (signature)** \_\_\_\_\_

**District Special Education Administrator/MV Coordinator: (signature)** \_\_\_\_\_

*Return completed form to jennifer.phillips@d303.org or 331-228-4891*