

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: _____

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

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	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
		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