

BEHAVIOR/PERFORMANCE REVIEW RESULTS

Student Name:	ID#:	School:	Date:
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I. DECISION

The Behavior/Performance Review Team responded to the following four statements after reviewing the student's academic and behavioral data listed below.

1. The student's academic performance and/or behavior is significantly interfering with his/her learning, indicating s/he may need a Multi-Disciplinary Evaluation (MDE).
 Yes No
2. The student's history of academic performance and/or behavior indicates that the student may need a Multi-Disciplinary Evaluation (MDE).
 Yes No
3. There is previous evidence of verbal or written expression of concern from parent/surrogate parent and/or teachers that the student may have a disability.
 Yes No
4. The parent/surrogate parent has requested a Multi-Disciplinary Evaluation PRIOR TO DISCIPLINARY INCIDENT.
 Yes No
 - *If the response to ANY of the above statements is YES, then the BPR team has decided that the student is thought to have a disability. Child will remain in current placement until the evaluation is completed.*
 - *If the response to ALL of the above statements is NO, then the BPR team has decided that the student is NOT thought to have a disability.*

II. CUMULATIVE RECORDS REVIEWED

Yes	No	Not Available	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pink Slips
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Suspensions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lateral transfers (EH 21) and Alternative Educational Settings
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Report card student conduct rating:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Report card grades and last documented reading level
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation of verbal/written expression of concern from Parent/Surrogate Parent and/or teachers that the student may have a disability:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TerraNova and PSSA results
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MTSS Log: Behavioral and academic Interventions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attendance/Lateness/Tuancy history:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Student history with special education process
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Conversations with current and past teachers
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Conversations with parent/surrogate parent:

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III. ACTION - The result of the Behavior/Performance Review (BPR) is that:

- 1. The BPR Team has determined that the **student is thought to have a disability**. Results shall be shared with parent/surrogate parent. **Team will issue Permission to Evaluate immediately** to the parent/surrogate parent **and expedite the MDE**. Child will remain in current placement, UNLESS AN ACT 26 OFFENSE WAS COMMITTED.
- 2. The BPR Team has determined that the student is **thought NOT** to have a disability. Results shall be shared with the parent/surrogate parent and the **disciplinary action shall proceed**.
- 3. Post disciplinary incident, the parent/surrogate parent expressed concern in writing that the student may have a disability and/or requested an evaluation, but the BPR team has answered NO to all statements in Section I of this form. **Team will issue Permission to Evaluate immediately and refer the BPR to the Disciplinary/Truancy Liaison for disciplinary action.**

MEMBERS OF THE BPR TEAM included those who have signed below.

SIGNATURE	NAME	TITLE/ROLE <small>*Mandatory Members</small>	DATE SIGNED
		Principal or Designee*	
		School Counselor*	
		Student's Teacher*	
		Staff Representative (at Student's request*)	
		Regional BPR Monitor*	
		Special Education Liaison (optional)	

CHECK ALL THAT APPLY:

- Yes No • *BPR Results were shared with Parent/Surrogate Parent.* Signature of Transmitter _____ Date _____
Method of Transmission: meeting telephone mail fax other (specify)
- Yes No • *Permission to Evaluate sent to Parent/Surrogate Parent* Principal/Designee Signature _____ Date _____
- Yes No • *Copy of BPR Results to Pupil Pocket* Principal/Designee Signature _____ Date _____