

NC BEST INTEREST DETERMINATION FORM

Case Number: _____

Child's Name: _____

Copy provided to child's placement provider: _____ on: _____
Name Date

Completed by: _____ Date: _____

Check one: Initial Entry into Placement Services Placement Change Educational Services Meeting

<p>Section I: Background</p> <p>Child's Permanency Plan, check one:</p> <p><input type="checkbox"/> Reunification <input type="checkbox"/> Legal Guardianship <input type="checkbox"/> Legal Custody <input type="checkbox"/> Adoption</p> <p><input type="checkbox"/> Another Planned Permanent Living Arrangement <input type="checkbox"/> Reinstatement of Parental Rights</p> <p>Previous School (prior to current placement): _____ Grade: _____</p> <p>Child previously functioning above grade in any subjects (list): _____</p> <p>Child previously functioning below grade in any subjects (list): _____</p> <p>If retained, what grade was repeated: _____ Any special services (IEP, list): _____</p> <p>Behavioral issues: _____</p> <p>Additional school related information, including child's strengths: _____</p> <p>_____</p> <p>Date/Time of Best Interest Determination (BID) or Educational Services (ES) Meeting: _____</p> <p>Date student was informed about BID/ES meeting and purpose: _____</p> <p>Was the student provided the opportunity to identify a significant person to attend the meeting?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If a person was identified, who did the student invite? _____</p> <p>Date parent(s) were notified of BID/ES Meeting: _____</p>
--

Section II: Best Interest Determination / Educational Needs

1. How many schools has the child attended? How many schools has the child attended this year? How have the school transfers affected the child emotionally, socially, academically, and physically?

2. How does the student feel about any upcoming moves?

3. What, if any, are the safety considerations related to school placement?

NC BEST INTEREST DETERMINATION FORM

Case Number: _____

Child's Name: _____

4. Which school is preferred by the student, birth parent and placement provider and why?

	School Preference	Why?
Student		
Birth Parent		
Placement Provider		

5. What school(s) do the student's siblings attend?

6. How is the student performing academically?

7. Does the student have a current IEP or a 504 Plan? If so, for what need?

8. If the student has a current IEP, is specialized transportation identified as a related service?

9. Does the student participate in other specialized instruction? (e.g., gifted program, career and technical program)

10. What are the student's academic/career goals? Does one school have programs and activities that address the unique needs or interests of the student that the other school does not have?

11. Describe the student's ties to his or her current school, including significant relationships and involvement in extracurricular activities? Can these ties or relationships be maintained if a school change is determined to be in the child's best interests?

12. Would changing schools affect the student's ability to earn full academic credit, participate in sports or other extra-curricular activities, proceed to the next grade, or graduate on time? If so, how?

NC BEST INTEREST DETERMINATION FORM

Case Number: _____

Child's Name: _____

13. Would the timing of the school transfer coincide with a logical juncture, such as after testing, after an event that is significant to the student or at the end of the school year?

14. How would the length of the commute to school impact the student?

15. Will there be an impact on the child's permanency goal with a school change?

Attach any supporting documentation used in making this determination of best interest.

- | | |
|--|---|
| <input type="checkbox"/> Report cards (required) | <input type="checkbox"/> IEP or 504 Plan |
| <input type="checkbox"/> Progress reports | <input type="checkbox"/> E-mails or correspondence from individuals consulted |
| <input type="checkbox"/> Achievement data (test scores) | <input type="checkbox"/> Disciplinary referrals |
| <input type="checkbox"/> Attendance data (required) | <input type="checkbox"/> Health reports/records |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

Section III: Best Interest Determination (check one)

- The child shall remain in the school in which the child was enrolled at the time of placement (change) OR
- Based on the best interest determination, a change in school placement is needed.

If it is NOT in the best interest of the child to stay in the same school in which he or she was previously enrolled, explain why: _____

Based on child's best interests, what educational services must be available at the selected school?

Name of School Selected: _____

Enrollment in selected school will be completed by: _____ by: _____

Name Date

Section IV: Next Steps/Educational Services Needed

	What?	Who is responsible?	By when?
1			
2			
3			
4			

NC BEST INTEREST DETERMINATION FORM

Case Number: _____

Child's Name: _____

Section IV: Signature Page

The following individuals participated in determining the school placement in the student's best interest.

Participant Role (** indicates essential role)	Printed name	Title and/or Relationship with child	Signature	Agree with determination?
Student **				Yes No
Child welfare social worker or supervisor**				Yes No
Current placement provider				Yes No
School representative from student's school at time of placement**				Yes No
IEP team for special education purposes, if applicable**				Yes No
Birth parent(s) or prior caretakers(s)				Yes No
The student's guardian ad litem				Yes No
Other significant person(s) the student wishes to attend**				Yes No
Other _____				Yes No
Other _____				Yes No
Other _____				Yes No