



Preventing Recidivism through Opportunities, Mentoring, Interventions, Support and Education

## Broward County Public Schools

### Step 2 – Student Probationary Transition Plan

*Note: The RtI team may complete this Student Probationary Transition Plan for students who commit PROMISE eligible offenses or the team may determine that a full RtI Tier 2 or 3 Behavioral Record Form (located in BASIS) needs to be developed.*

**Directions: Use this Action Matrix to develop the services/activities/actions for the PROMISE student.**

TRANSITIONAL PLAN - ACTION MATRIX		
<b>C</b> = Counseling (internal or external). *Note: For drug/alcohol counseling, follow required protocol for approved state-certified drug/alcohol rehabilitation program <b>CS</b> = Community or School Service <b>DAP</b> = Developmental Assets Profile (Pre-assessment administered at PROMISE site. Post-assessment administered by home school 60 days from pre-assessment date PROMISE obligation) <b>L</b> = LEAPS Assessment with coordinated social skills lessons. Mandatory for any student who requires Tier 3 behavior intervention. Optional to use as activities within the action steps of transition plan <b>M</b> = Mentoring (internal or external) <b>R</b> = Restorative Justice - Services provided by Harmony Development Center		
OFFENSE	MANDATORY	RECOMMENDED/ at Discretion of the Team
Alcohol – Possession / Use / Under the Influence	DAP	C, M, L
Alcohol Sale / Attempted Sale/ Transmittal	DAP	C, M, L
Assault / Threat (no harm or injury)	C, R, DAP	M, L
Bullying	C, R, DAP	M, L
Disruption on Campus (Major)	C, R, DAP	M, L, CS
Drug – Use / Possession / Under the Influence	DAP	M, L
Drug Paraphernalia – Possession	DAP	M, L
False Accusation Against School Staff	C, R, DAP	M, L
Fighting – Mutual Combatant	DAP	M, L, C
Harassment	C, R, DAP	M, L
Theft – Petty <\$300	R, DAP	M, L
Trespassing	DAP	M, L, CS
Vandalism / Damage to Property <\$1000	R, DAP	M, L, C, CS
External Counseling and Mentoring services may be provided by outside behavioral agencies. Contact the PROMISE Community Liaison for assistance with coordinating these services as part of the student’s transition plan (754-321-1640).		



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**Date:** \_\_\_\_\_  
**Student Name:** \_\_\_\_\_ **Student #:** \_\_\_\_\_  
**School Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_  
**Event #:** \_\_\_\_\_ **Infraction:** \_\_\_\_\_  
**Transition Plan Case Manager:** \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ In attendance:  Yes  No  
 Face to face  Phone

Parental Input and Meeting form completed by parent:  Yes  No

Name of parent representative(s) - if applicable: \_\_\_\_\_  
 \_\_\_\_\_

**Team Members present:**

NAME	POSITION

**Date of PROMISE Student Transition Plan Creation:** \_\_\_\_\_



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Student Name: \_\_\_\_\_ Student #: \_\_\_\_\_  
 School Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Event #: \_\_\_\_\_ Infraction: \_\_\_\_\_  
 Transition Plan Case Manager: \_\_\_\_\_

Services / Activities / Actions					
Service / Expectation	Start Date	End Date	Frequency / Duration (6 week minimum)	Person (s) Responsible	Student Met Commitment (Adult Initial)
<input type="checkbox"/> Attendance check per period					
<input type="checkbox"/> Check in at start of school, close of school					
<input type="checkbox"/> Community Service					
<input type="checkbox"/> Counseling <input type="checkbox"/> Group <input type="checkbox"/> Family <input type="checkbox"/> Individual					
<input type="checkbox"/> DAP (schedule for 60 days from administration of pre-assessment)					
<input type="checkbox"/> LEAPS Lessons					
<input type="checkbox"/> Mentoring					
<input type="checkbox"/> Monitored or supervised lunch or transition periods (IE: escorts)					
<input type="checkbox"/> Prohibited or limited access to after school / extra curricula activities					
<input type="checkbox"/> Restorative Justice					
<input type="checkbox"/> Other ( <i>Indicate specifics</i> )					
Comments:					

\_\_\_\_\_  
Print Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of School Administrator

\_\_\_\_\_  
Signature of School Administrator

\_\_\_\_\_  
Date



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**Step 2 - Student Probationary Transition Plan Follow-Up**

Date: \_\_\_\_\_

Transition Plan Case Manager: \_\_\_\_\_

Team Members present:

NAME	POSITION

Parent (Guardian) Name: \_\_\_\_\_ In attendance:  Yes  No  
 Face to face  Phone

Parental Input and Meeting form completed by parent:  Yes  No

Name of parent representative(s) - if applicable: \_\_\_\_\_

Developmental Assets Profile (DAP) Post-Assessment administered 60 days from the initial date of administration: \_\_\_\_\_ and \_\_\_\_\_  
Date Score

**Outcome**

Successful:  
Notification of Successful PROMISE Program Completion form was provided to parent/guardian  Yes  No

Pending:  
Team has determined that although the student has made some progress, the plan should be extended for \_\_\_\_\_ weeks. The new follow-up date will be \_\_\_\_\_.

Based on the reason(s) below, the team has determined the student is in need of more intensive interventions.

\_\_\_\_\_  
\_\_\_\_\_  
 Tier 2 intervention started or  Tier 3 intervention started Date: \_\_\_\_\_

Unsuccessful:  
 Student did not meet expectations of plan for the following reason(s): \_\_\_\_\_ and a referral to the Juvenile Justice System of Care is required. (Complete Notification of Unsuccessful Student Probationary Transition Plan Form and contact PROMISE Community Liaison @ 754-321-1640)  
 Copy of Notification of Unsuccessful Student Probationary Transition Form was sent to parent/guardian on \_\_\_\_\_.

_____	_____	_____
Print Name of Parent/Guardian	Signature of Parent/Guardian	Date
_____	_____	_____
Print Name of School Administrator	Signature of School Administrator	Date