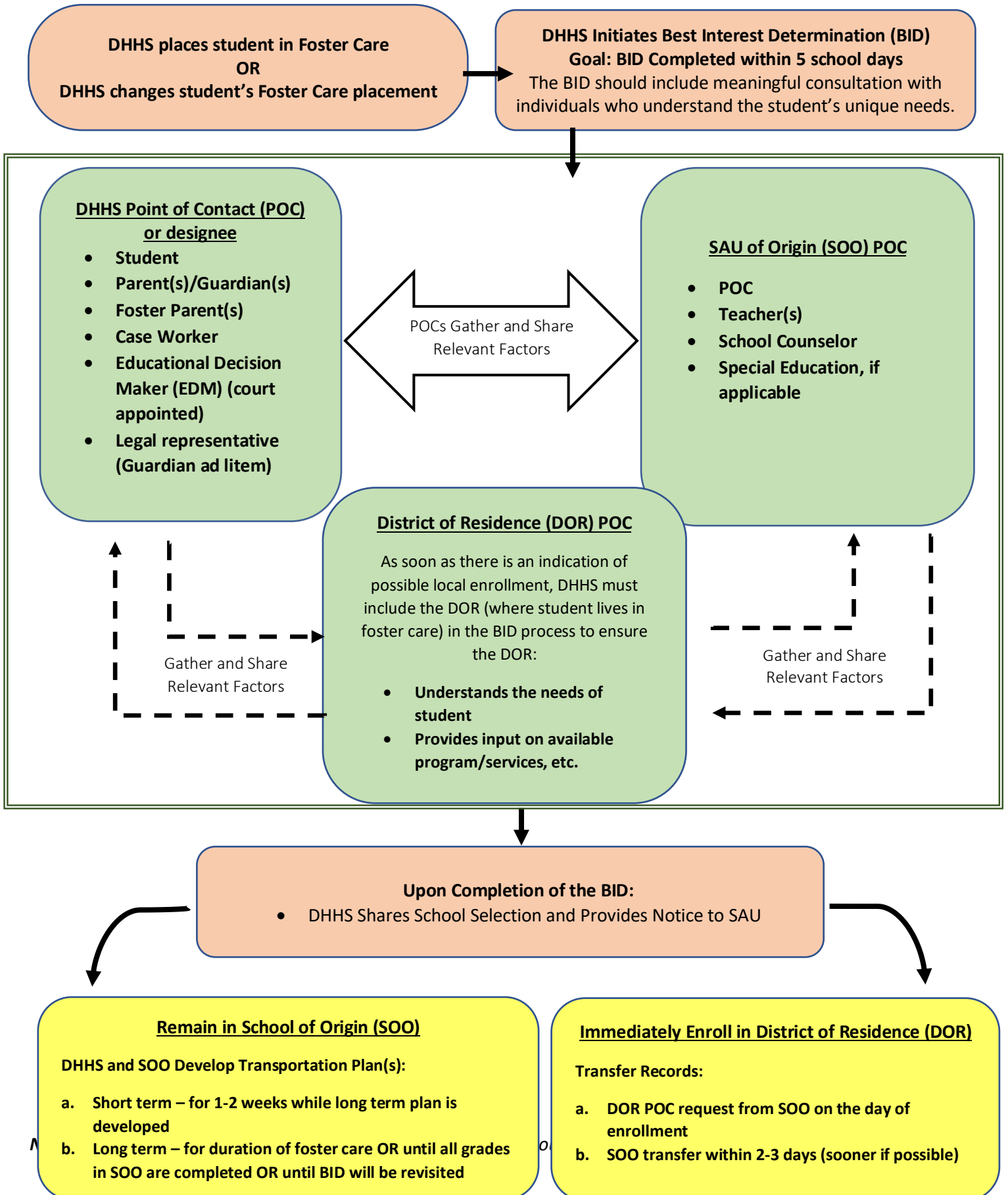


BEST INTEREST DETERMINATION PROCESS OVERVIEW



BEST INTEREST DETERMINATION FOR FOSTER CARE SCHOOL SELECTION – WORKSHEET

Completed by: SAU DHHS

Student Name:			
Date of Birth (MM/DD/YYYY):		Grade Level:	
Does the student have an Individualized Education Program (IEP)? (Yes/No)	Yes	No	
Does the student’s IEP include transportation as a related service? (Yes / No)	Does the student have a 504 Plan? (Yes/ No)		
School (& District) of Origin:			
SAU of Origin (SOO) Point of Contact (POC):			
District of Residence (DOR): <i>(where student is living in foster care)</i>			
District of Residence (DOR) Point of Contact (POC):			
DHHS Area Office:			
DHHS POC, Case Worker and Education Coordinator:			

FACTORS CONSIDERED

The following multiple factors related to the student’s unique needs should be considered when making the BID. Additional factors may be considered and should be included under Other Factor(s). Check all factors considered and make notes below for documentation. Attach other relevant documents as appropriate (e.g., IEP, 504 Plan, Report Cards, Progress Reports, etc.)

<input type="checkbox"/> Student’s preference (when age appropriate) <input type="checkbox"/> Preferences of the parent(s)/guardian(s) or EDM(s) <input type="checkbox"/> Distance/duration of travel to/from school <input type="checkbox"/> Anticipated duration of time in placement <input type="checkbox"/> Number of placements <input type="checkbox"/> Duration of time in the current school <input type="checkbox"/> Time of academic year <input type="checkbox"/> Maintenance of family relationships <input type="checkbox"/> Placement and/or school(s) of sibling(s) <i>(provide names of sibling(s) and school(s) attending in BID notes section)</i>	<input type="checkbox"/> Permanency and goal(s) of placement (e.g., reunification; adoption, etc.) <input type="checkbox"/> Relationships to school staff and peers <input type="checkbox"/> Engagement in extracurricular activities <input type="checkbox"/> Current educational goals and services <input type="checkbox"/> Clinical/behavioral issues <input type="checkbox"/> Availability and quality of educational and SEL services <input type="checkbox"/> Immediate availability of services to meet needs of IEP or 504 Plan <input type="checkbox"/> Individual skills, needs, and social connections <input type="checkbox"/> School climate and safety issues on student <input type="checkbox"/> Academic performance and skills <input type="checkbox"/> Other Factor(s)
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NOTES:

- **The cost of transportation may not be factored when conducting the BID.**
- **Financial or programmatic responsibility for a student’s special education services is separate from enrollment and the BID process. After the best interest determination, requests for clarification of school district responsibility for a student’s special education services can be directed [to DOE’s Office of Special Services and Inclusive Education](#).**

NOTE: This process and worksheet are not required but are encouraged to facilitate and document the required BID.

BEST INTEREST DETERMINATION FOR FOSTER CARE SCHOOL SELECTION – WORKSHEET

Completed by: SAU DHHS

BID NOTES

COLLABORATORS IN THE BEST INTEREST DETERMINATION

Check box if attaching any relevant correspondences/comments.

NAME & CONTACT INFORMATION	RELATIONSHIP TO STUDENT	DATE(s) and METHOD(s) OF ENGAGEMENT IN BID		
		<input type="checkbox"/> Call <input type="checkbox"/> Email <input type="checkbox"/> Face-to-Face <table border="0" style="float: right;"> <tr><td>Date:</td></tr> <tr><td><input type="checkbox"/> Attachment</td></tr> </table>	Date:	<input type="checkbox"/> Attachment
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NOTE: This process and worksheet are not required but are encouraged to facilitate and document the required BID.

BEST INTEREST DETERMINATION FOR FOSTER CARE SCHOOL SELECTION – WORKSHEET

Completed by: SAU DHHS

Upon completion of conversations with ALL individuals who understand the unique needs of the student, the following is the resulting BID. The student will:

REMAIN ENROLLED IN SCHOOL OF ORIGIN. DHHS will provide notice.

If any specialized transportation is needed, please describe:

Short-Term Transportation Plan: (How will the student get to school while a permanent plan is established?)

DHHS:

District:

Other (describe):

Long-term Transportation Plan: (How will the student get to school?)

Plan to revisit BID?

Is there a plan to revisit the BID? If so, describe the factors to be revisited, person responsible for follow-up, etc.

Person responsible for follow-up:

Approximate date to revisit:

ENROLL LOCALLY / District of Residence (where the student is living in foster care)

- DHHS provides Notice to DOR and initiates immediate enrollment
- Records transfer requested by DOR POC (on the day of enrollment)
- DOO complete records transfer as soon as possible (within 2-3 days)

Checkmarks below indicate acknowledgement that the BID process occurred, has been completed and is accurately represented in this document.

	NAME	<input checked="" type="checkbox"/>	DATE
DHHS Representative:			
District POC:			

NOTE: This process and worksheet are not required but are encouraged to facilitate and document the required BID.