



Separate Programs for Minnesota Children with Emotional or Behavioral Disorders: A Parent Checklist

Date: _____

Name of Program:		Type of Program:		
<p>The reason this program is being considered:</p>	<p>The separate program placement decision is made by:</p> <p><input type="checkbox"/> Parent</p> <p><input type="checkbox"/> IEP Team</p> <p><input type="checkbox"/> Court</p>	<p>Can I tour the program?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If yes, who will schedule my tour?</p> <p>Name: _____</p> <p>_____</p> <p>Position: _____</p> <p>_____</p>	<p>Who pays for placement?</p> <p><input type="checkbox"/> Private Insurance</p> <p><input type="checkbox"/> Medical Assistance</p> <p><input type="checkbox"/> Public School</p> <p><input type="checkbox"/> County</p> <p><input type="checkbox"/> Court</p> <p><input type="checkbox"/> Any out-of-pocket expenses?</p>	<p>Are appropriately licensed personnel delivering special education and related services?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>Frequency of communication w/ parent(s):</p> <p>Times per day: ____</p> <p>Times per week: ____</p> <p>Preferred method of communication:</p> <p><input type="checkbox"/> Phone</p> <p><input type="checkbox"/> Text</p> <p><input type="checkbox"/> Email</p> <p><input type="checkbox"/> Print</p>	<p>Is there a recent functional behavior assessment (FBA)?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If not, will there be an FBA completed:</p> <p>Before placement?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>After placement?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>Are there specific requirements for exiting the program?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If yes, list here:</p> <p>_____</p> <p>_____</p> <p>Is the IEP team involved?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>Does the program provide transportation?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> N/A</p> <p>If not, who is responsible?</p> <p><input type="checkbox"/> Resident district</p> <p><input type="checkbox"/> Private school</p> <p><input type="checkbox"/> Charter school</p> <p><input type="checkbox"/> Cooperative/intermediate school district</p> <p><input type="checkbox"/> Nonresident district</p> <p><input type="checkbox"/> Parent</p>	<p><input type="checkbox"/> Combination</p> <p>Staff/student ratio: _____</p> <p>Student ratio (girls/boys) _____</p> <p>Average length of stay: _____</p> <p>Age range of students: _____</p> <p>Students with most frequent disabilities:</p> <p><input type="checkbox"/> EBD</p> <p><input type="checkbox"/> ASD</p> <p><input type="checkbox"/> ADHD</p> <p><input type="checkbox"/> Other</p>

Staff Responsible for:	Name	Contact Information
<u>Parent communication</u>		
<u>Communication with home district</u>		
<u>Academic program</u>		
<u>Special education</u>		
<u>Managing regimen for prescribed medicine</u>		
<u>Transition to regular school program</u>		
<u>Transfer of records</u>		

Program Policies

<p>Will I have a copy of the program's policies?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Is the program based on positive behavior interventions?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Does the staff have trauma-informed care training?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Are disciplinary sanctions used in the program?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <p>If yes, check below:</p> <input type="checkbox"/> Suspension <input type="checkbox"/> Time-out <input type="checkbox"/> Limited free time <input type="checkbox"/> Limited electronic device time <input type="checkbox"/> Other <p>Used when?</p>	<p>Is there a facility-wide behavior plan?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <p>Can my child have an individualized behavior plan?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No
--	---	---	--	---

IEP Case Manager Name:

Contact Information:

<p>Is the IEP current?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <p>Will my child's IEP be accepted?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Members of the IEP team:</p> <input type="checkbox"/> IEP case manager <input type="checkbox"/> Parent <input type="checkbox"/> Separate program <input type="checkbox"/> Physician <input type="checkbox"/> County <input type="checkbox"/> Other	<p>Will my child's current IEP be implemented in the separate program?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <p>Will my child's IEP need to be changed?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <p>How?</p>
---	--	---

You may also want to ask the following questions:

What would a typical daily schedule in the new program look like?

Does the program have the same books and curriculum as the home district?

How is my child transported to the program?

How does the program accommodate for cultural differences?

What happens if I don't agree with a court-ordered proposed placement?

Are there clear individual and program goals?

What are the outcomes for youth in the program? Can you provide program data?

How will I be involved in planning my child's treatment and education?

How are credits toward graduation calculated and recorded?

What is the process for transitioning my child back to the regular school and community?

Who writes the discharge report? Is there any follow-up care provided?

See PACER's companion handout, *Separate Programs for Minnesota Children with Emotional or Behavioral Disorders: A Parent's Guide* - [PACER.org/parent/php/PHP-c177a.pdf](https://www.pacer.org/parent/php/PHP-c177a.pdf)