



THE SCHOOL DISTRICT OF PALM BEACH COUNTY
SAFE SCHOOLS

School Stability Checklist for Students in Out-of-Home DCF Care

Student #	Student First Name	M.I.	Last Name	Grade	Birth Date
Enrolled School Name				Enrolled School #	
SAC (Zoned) School Name for new home address				SAC (Zoned) School #	

Purpose: The Every Student Succeeds Act (ESSA) requires the State of Florida to ensure protections for youth in foster care. These include school stability consideration, transportation and agency collaboration. Maintaining the child's school stability while in out-of-home care is first priority, unless remaining in the school of origin is not in the best interest of the child.

Instructions: Provide feedback on the following factors regarding the student identified. The factors below shall be considered in determining whether or not remaining in the current school is in the student's best interest.

Once completed, scan and email form to: Foster Care Liaison, Laura Shoemaker (laura.shoemaker@palmbeachschools.org).

BEST INTEREST FACTORS	YES	NO	COMMENTS
1. Does the student desire to remain in the current school?			
2. Does the student have a sibling(s), close friends, and/or a mentor at the current school?			
3. Is the student involved in extra-curricular activities in the current school (i.e. clubs, sports)? If yes, describe.			
4. Is the student receiving supplemental or intensive interventions monitored through the School Based Team or Child Study Team (i.e. academic, behavior, social emotional)?			
5. Is the student currently receiving services from a co-located bid agency provider at the current campus?			
6. Are there similar or the same academic programs, CHOICE, and/or quality of services at the receiving school, if student transfers?			
7. Does the student have a Section 504 plan?			
8. Has a psycho-educational evaluation been initiated at the current school, or consent provided for an evaluation?			
9. Does the student have an Individual Education Plan (IEP)?			
10. Does the student have known medical needs during the school day? If yes, describe.			
11. Has the student transferred schools often and has it impacted him/her?			
12. Will the length of the commute negatively impact the student?			

Signature of School Representative

Signature of School Representative

Name of School Representative

Name of School Representative

Title of School Representative

Title of School Representative

Date

Date