



Student Name: _____
 FSI #: _____
 Event #: _____
 Event Date #: _____
 School #: _____
 Administrator: _____

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

**Broward County Public Schools
 PROMISE Assignment and Authorization**

(Read all sections carefully and sign in appropriate designated area below)

I: Assignment and Terms, Authorization and Signatures

Dear Student and Parent/Guardian:

_____ has committed a violation of the Code of Student Conduct and/or School Board Policy 5006:
 Suspension and Expulsion as a result of _____
 PROMISE Eligible Violation

As a consequence, and pursuant to F.S. 100608(1), the school principal has determined and has submitted a request, to administratively assign your child to attend the PROMISE (Preventing Recidivism through Opportunities, Mentoring, Interventions, Support and Education) program for _____ suspension days.

PROMISE has been designed to address the needs of students who have engaged in specified behaviors classified as a misdemeanor offense.. PROMISE provides students with the opportunity to participate in a series of educational and behavioral experiences, designed to address the specific infraction.

Successful completion of the PROMISE program will serve as the acceptable consequence in lieu of an external suspension and/or a delinquent referral to the juvenile justice system by Broward County Public Schools.

We, _____ (parent/guardian) and _____ (student), agree to participate fully and to complete successfully, the Broward County Public Schools' PROMISE Program and complete all activities assigned to me. I understand that continued participation in this program, as well as successful completion, depends on the accomplishment of both short and long-term goals determined to be benchmarks for success. Additionally, we agree to follow Broward County Public Schools' Code of Student Conduct and Suspension & Expulsion policies, as well as specific rules and terms of the PROMISE program site. Benchmarks and terms include:

Student Responsibilities:

1. **Daily attendance:** Student attendance is required.
 2. Compliance with **all educational and behavioral activities** both at the PROMISE site and during the term of the school-based intervention.
 3. **Counseling:** Participate and successfully complete counseling as appropriate as required for the specific offense.
- Note: Drug/Alcohol/Substance related offenses require a referral to the District's Substance Abuse Case Managers who will facilitate the student's required enrollment into an appropriate treatment program.***
4. Obey all requirements of Broward County Public Schools' **Code of Student Conduct.**
 5. Obey all **rules of the PROMISE site** and program. **Student shall NOT:**
 - a. Bring weapons of any kind to school for any reason.
 - b. Bring e-cigarettes, unauthorized prescription or unauthorized over-the-counter medication to school or be under the influence of drugs/alcohol while at school.
 - c. Any and all personal items (including socks and shoes) will be searched on a daily basis by school staff including, but not limited to, metal detectors, wands, etc.
 - d. Display continuous self-injurious behavior and/or continuous aggression. In the event that a student displays this type of behavior, certified staff will implement Professional Crises Management (PCM).
 - e. Bring or wear hats, do-rags, headgear of any type, jewelry, including, but not limited to earrings, necklaces, bracelets, watches or rings to school. All items confiscated will be properly stored in the administrative office until the end of the school day.
 - f. Have possession of any electronic devices during school hours, including, but not limited to, cell phones, iPods, or any similar device. All electronic devices will be confiscated and properly stored in the administrative office until the end of the school day.
 - g. Bring more than ten dollars (\$10.00) to school on any given day.
 6. While assigned to the PROMISE site, the student **may not participate** in any other school functions, activities or enter any school grounds other than the PROMISE site grounds for the specific hours of the program.
 7. **Mentoring:** Participate in mentoring activities as required.
 8. **Community Youth Support Programs:** Participate in program through a District referral to Broward Behavioral Health Coalition and/or the Children Services Council of Broward County.
 9. **Restorative Justice:** Participate in Restorative Justice activities as assigned and required.

ADMINISTRATIVE ACTION REQUIRED: Email this completed form to DMS@BrowardSchools.com

REV-SY20_PROMISE Contract: Applicable to District students in grades 6-12 or 11 year of age or older.

Student Name: _____
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10. Complete **Community Service** expectations, as assigned and required.
11. **Transition Plan:** Participate in the creation of and complete all expectations outlined on the long-term school-based transition plan.

Authorization For Release and/or Request For Information Authorization For Non-Substance Related Counseling Services

I hereby request and authorize my child's home school and all district-approved agencies and their authorized staff, to engage in verbal and/or written communication with and release records to: The PROMISE Program located at Pine Ridge Educational Center at 1251 SW 42nd Avenue Fort Lauderdale, FL 33317, as well as to its affiliated agencies and staff providing support services as part of the PROMISE Program, regarding the information indicated below concerning my child _____ (Print Student's Name).

I understand that information concerning psychiatric, psychological, medical diagnosis; drug or alcohol abuse and educational information regarding my child may be released and/or communicated. I further understand that information regarding my family may be shared during the sessions.

- School/Education Records
- Treatment Plans
- Health/Medical Records
- Social and/or Developmental History
- Psychological and/or Psychiatric Evaluations
- Case/Progress/Therapy Notes
- Exceptional Student Education/Section 504 Records
- Other _____
- Other _____

I also understand and authorize PROMISE credentialed staff and affiliated agency's staff to provide counseling for my child. I authorize these services for the duration of my child's assignment to the PROMISE program both on-site, as well as back-at-school, if indicated in my child's transitional plan.

All information I authorize to be released or requested will be held strictly confidential and cannot be released by the recipient without an additional written consent. I understand this authorization will expire one (1) year after the date signed, or on _____, 20____, whichever is earlier. A copy of this authorization is valid in lieu of the original. I further understand I may withdraw my consent at any time.

PROMISE Assignment and Authorization Signatures

In order to avoid external suspension and/or a referral to the Juvenile Justice System of Care, your child must fully and successfully complete all assigned activities and all requirements of the PROMISE program.

Parent/Guardian Responsibilities:

I understand that my child's continued participation as stated in this written agreement is an absolute necessity to his/her success and participation in the PROMISE program. In consideration/exchange, I agree to comply with the following responsibilities:

1. Transportation is provided by Broward County Public Schools; however, I will transport and accompany my child on his/her first morning of attendance at the PROMISE site. If I choose to transport my child for the duration of the assignment, I will sign him/her in and out of the PROMISE site each day.
2. I will contact the PROMISE site at (754-321-7250) to report an absence, if my child is ill or unable to attend school due to unforeseen circumstances. Only a parent or guardian can excuse a student's absence.
3. I will attend all required teacher and/or administrative conferences.
4. I will participate fully in the creation of the school-based transition plan and in all aspects of the implementation including, but not limited to, counseling and/or restorative justice activities.
5. I consent and authorize the disclosure of data and personally identifiable information of my child to any and all parties to the PROMISE Agreement and to the Juvenile Justice System of Care committee related to my child's participation in the PROMISE program, his or her disciplinary history and academic performance.
6. I consent and authorize my child to participate in the Community Youth Support Programs associated with PROMISE through a District referral to Broward Behavioral Health Coalition and/or the Children Services Council of Broward County.

I have read this document in its entirety and agree to the details outlined above pertaining to the PROMISE program assignment and the terms and authorization for release of information.

Print Name of Parent or Legal Guardian	Signature of Parent or Legal Guardian	Date	Relationship to Child
Print Name of Student	Signature of Student	Date	
Print Name of School Administrator	Signature of School Administrator	Date	

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

Broward County Public Schools
Juvenile Justice System of Care (JJSC) Referral
 (Generated from home school for PROMISE program assignment refusal/non-compliance)

Refusal to participate in the PROMISE program assignment will result in my child being externally suspended by the home school for the disciplinary incident and issued a referral to Broward County Public Schools' Juvenile Justice System of Care (JJSC). JJSC shall issue the parent a summons and hearing date to determine if the parent/student shall re-engage in the PROMISE program or if a referral shall be issued to law enforcement and the State Attorney's Office for the incident. Additionally, failure to comply with all of the programs requirements prior to completion shall result in a JJSC referral.

Incident Type: _____

Date of Incident: _____

Suspension Start Date: _____

Suspension Days: _____

___ Refusal to engage in the PROMISE AES assignment at the point where disciplinary consequences are being issued by the school.

___ Failure to comply with the program requirements during the Transition Plan.

Required Signatures:

 Print Name of Parent or Legal Guardian

 Signature of Parent or Legal Guardian

 Date

 Relationship to Child

 Print Name of Student

 Signature of Student

 Date

 Print Name of School Administrator

 Signature of School Administrator

 Date

Witness Signature (Only required if parent/student refuses to sign) _____

 Date

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

Broward County Public Schools

Step 2: Home School Student Probationary Transition 2 Plan

Note: The school's MTSS/RtI team or a subgroup of said team may complete this Student Probationary Transition 2 Plan for students who commit PROMISE eligible offenses. The student may also be provided a full RtI Tier 2 or 3 Behavioral Record form (located in BASIS) as appropriate.

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

TRANSITIONAL PLAN - ACTION MATRIX		
C = Counseling (internal or external) SP = Drug/Alcohol/Substance related offenses require participation in a state-certified rehabilitation/treatment Program, facilitated by the District's Substance Abuse Case Managers CS = Community or School Service DAP = Developmental Assets Profile (DAP) Pre-Assessment administered at PROMISE site on 2 nd offense. Post-Assessment administered by the home-school, 60 days from the Pre-Assessment date. L = LEAPS Assessment with coordinated social skills lessons. M = Mentoring (internal or external) R = Restorative Justice – services provided by Harmony Development Center & Broward Sheriff's Office, as appropriate and upon consent		
OFFENSE	MANDATORY	RECOMMENDED/at Discretion of the Team
Alcohol – Possession / Use	SP, DAP	C, M, L
Alcohol - Sale / Attempted Sale/ Transmittal	SP, DAP	C, M, L
Disruption on Campus (Major)	C, DAP	M, L, R, CS
Drug – Use / Possession	SP, DAP	C, M, L
Drug Paraphernalia – Possession	SP, DAP	C, M, L
Fighting Major – Mutual Combatant	C, DAP	M, L, R
Theft – Petty <\$750	C, DAP	M, L, R
Trespassing	C, DAP	M, L, R, CS
Vandalism / Damage to Property <\$1000	C, DAP	C, M, L, R, CS
External Counseling and Mentoring may be provided by outside behavioral agencies. Contact the PROMISE Community Liaison for assistance with these services as part of the student's transition plan (754-321-1654). Harmony Development Center (954) 766-4483 Broward Sheriff's Office (954) 765-4838		

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

Broward County Public Schools
Step 2: Home School Student Probationary Transition 2 Plan

Date: _____

Student Name: _____ Student Number: _____

School Name: _____ Grade: _____

Event #: _____ Infraction: _____

Transition Plan Case Manager: _____

Note: The case manager will ensure that the actions identified below are being performed by the responsible parties.

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: _____

Services / Activities / Actions (Only identify the services that are most relevant to support the student.)					
Service / Expectation	Start Date	End Date	Frequency / Duration (minimum of 6 weeks)	Person (s) Responsible to Meet Expectation	Student Commitment Met (Adult Initial)
<input type="checkbox"/> Attendance check per period					
<input type="checkbox"/> Check in at start of school and close of school					
<input type="checkbox"/> Community Service Agency: _____					
<input type="checkbox"/> Counseling <input type="checkbox"/> Group <input type="checkbox"/> Family <input type="checkbox"/> Individual					

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Services / Activities / Actions (Only identify the services that are most relevant to support the student.)					
Service / Expectation	Start Date	End Date	Frequency / Duration (minimum of 6 weeks)	Person (s) Responsible to Meet Expectation	Student Commitment Met (Adult Initial)
<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:					

Required Signatures:

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



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

Broward County Public Schools
Step 2: Home School Student Probationary Transition 2 Plan Follow-Up

Date: _____

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: _____

Developmental Assets Profile (DAP) Post-Assessment administered 60 days from the initial date of administration: _____ (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 _____.

Unfulfilled:
The student incurred a subsequent PROMISE offense during the period of the Probationary Transition Contract, resulting in the need for 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.
 Notification of Unsuccessful Student Probationary Transition was sent to parent/guardian on _____.

Required Signatures:

Print Name of Parent/Guardian Signature of Parent/Guardian Date

Print Name of School Administrator Signature of School Administrator Date

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Notification of Successful Completion

(Issued by home school)

Dear Parent/Guardian:

Congratulations! The student _____ has taken advantage of the positive opportunity afforded him/her and has successfully completed all aspects of the PROMISE program assigned for the violation of: _____ on _____.
PROMISE Eligible Infraction Date of Infraction

Print Name of School Administrator

Signature of School Administrator

Date

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