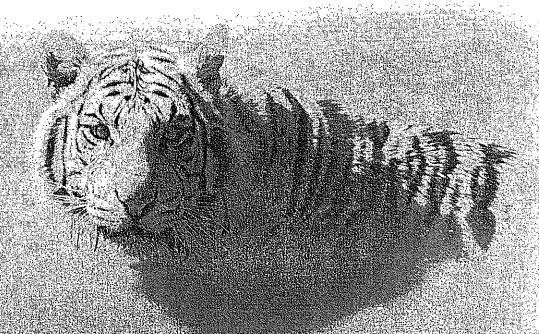
Welcome to

Carver Exceptional Center



To enroll the following items are required. NO EXCEPTIONS.

- You must have two of the following documents in parent or guardian name:
 - > TECO electric or gas bill
 - > Lease agreement
 - > Water bill
 - > Mortgage payment stub
 - > Tax receipt
 - > Warranty deed
 - > Contract for Purchase of Home
- Identification
- Last report card or withdrawal form from transfer school
- If student is in foster care you must have foster letter/ court documents to enroll

CARVER CENTER SEARCH PROCEDURES

The primary goal of the administration, faculty, and staff at the Carver Center site is to provide a safe learning environment for our students. To this end, all students are subject to daily search and metal detection by a School Security Officer or trainee member of the site's search team.

Students will be asked to:

- Remove all items from their notebook, work folders, purse/wallet, lunch bag and/or jacket.
- ❖ All Cell phones and electronic devices will be collected and returned at the end of the day.
- Hand over above-mentioned items to a Search Team member.
- Remove their shoes and expose the top of each sock.
- Place their thumbs inside their waistband area and move them from front to back.
 This is to indicate that their waistband areas are clear of any objects.
- ❖ Allow a Search Team member to conduct a metal detection screening of their person.

Students are only allowed to bring on campus a purse, wallet, lunch bag and notebook or work folder with paper, pens and pencils. **BOOK BAGS AND BACKPACKS ARE NOT PERMITTED**. A comprehensive listing of restricted items may be found in the School District of Hillsborough County Student Handbook. Any restricted items found on the campus will be confiscated and held at school for parent/guardian pick-up.

| have read and understand the Carver Center search policy. | | | | | | |
|---|------|--|--|--|--|--|
| Student's Signature | Date | | | | | |
| Parent/Guardian Signature | Date | | | | | |



Student Nutrition Services Local Meal Charge Policy

A written copy of the Student Nutrition Services Local Meal Charge Policy will be provided to all households. Every school is required to follow the policy.

Student Nutrition Services uses a prepayment system called MyPayments Plus. This system limits the exchange of money, protects the identity of all students, and prevents the disclosure of a student's meal eligibility status. Students who qualify for free or reduced-priced meals will always receive a free meal. All students receive free breakfast regardless of meal eligibility status.

Full pay students who do not have money on their MyPayments Plus meal account can receive a "charged" meal with the following restrictions. Adults may not charge meals at any time.

- Students are allowed to charge for meals when they do not have money in their MyPayments
 Plus meal account. The student will be given the same school lunch that other children are
 receiving.
- 2. Any time a student has a negative balance on their MyPayments Plus meal account, the child will be prohibited from purchasing a la carte items (food purchased in addition to the school meal), even when purchasing with cash.
- 3. Students in CEP (Community Eligibility Provision) schools with negative balances on their MyPayments Plus meal account will also be prohibited from purchasing a la carte items.
- 4. Parents/guardians of students who charge for one meal will receive a phone notification after their student has received the meal. The parent/guardian will be encouraged to quickly pay for this meal and will be reminded of this policy.
- 5. Parents/guardians of students who continue to charge will receive additional email and text notifications as well as weekly letters which will be sent home with the student.
- 6. Any unpaid balance on a child's account will be carried over from year to year.
- 7. The parent/guardian is responsible for all uncollected meal balances which must be paid prior to graduation or withdrawal from Hillsborough County Public Schools.



Política de Cargos a la Cuenta de Comidas de los Servicios de Nutrición Estudiantil

Se proporcionará una copia escrita de la Política de Cargos a la Cuenta de Comidas de los Servicios de Nutrición Estudiantil a todos los hogares. Se requiere que todas las escuelas sigan estas directrices.

Los Servicios de Nutrición Estudiantil utilizan un sistema de prepago llamado *MyPayments Plus*. Este sistema limita el intercambio de dinero, protege la identidad de todos los estudiantes y evita la divulgación del estado de elegibilidad de comidas de un estudiante. Los estudiantes que califican para comidas gratuitas o a precio reducido siempre recibirán comidas gratis. Todos los estudiantes recibirán desayuno gratis independientemente del estado de elegibilidad en los servicios de comida escolar.

Los estudiantes de pago completo que no tienen dinero en su cuenta de comidas *MyPayments Plus* pueden recibir una comida fiada o cargada a la cuenta ("charged") con las siguientes restricciones. Los adultos no pueden cargar a la cuenta comidas en ningún momento.

- Los estudiantes pueden obtener comidas fiadas cuando no tienen dinero en sus cuentas de comidas MyPayments Plus. Estos estudiantes recibirán el mismo almuerzo escolar que los otros estudiantes reciben.
- 2. Cada vez que un estudiante tenga un saldo negativo en su cuenta de comidas *MyPayments* Plus, se le prohibirá comprar artículos a la carta (alimentos comprados además de la comida escolar), incluso cuando compre con dinero en efectivo.
- 3. Los estudiantes en escuelas *CEP* (Disposición de Elegibilidad Comunitaria) con saldos negativos en sus cuentas *MyPayments Plus* también se les prohibirá comprar artículos a la carta.
- 4. El padre/madre/tutor de un estudiante que obtiene una comida cargada a la cuenta, recibirá una notificación telefónica después de que el estudiante haya recibido la comida. Se le instará al padre/madre/tutor a pagar rápidamente esta comida y se le mencionará esta directriz como recordatorio.
- 5. El padre/madre/tutor de un estudiante que continúe cargando las comidas a su cuenta, recibirá notificaciones adicionales por correo electrónico y texto, así como por cartas que se enviarán semanalmente a casa con el estudiante.
- 6. Los saldos de cuentas no pagados de un estudiante se transferirán de año a año.
- 7. El padre/madre/tutor es responsable de todos los saldos de comidas no pagados los cuales se deberán pagar antes de la graduación, retiro o baja de las Escuelas Públicas del Condado de Hillsborough.

School Board
Nadia T. Combs, Chair
Henry "Shake" Washington, Vice Chair
Lynn L. Gray
Stacy A. Hahn, Ph.D.
Karen Perez
Patricia "Patti" Rendon
Jessica Vaughn



Dear Parent or Guardian:

We are pleased to inform you that Hillsborough County Public Schools is continuing the Community Eligibility Provision (CEP) option for the school year 2023-2024. All students enrolled at Carver Exceptional Center may participate in the breakfast and lunch program at no charge and without a meal benefits application.

Children need healthy meals to learn! Hillsborough County Student Nutrition Services offers nutritious, well-balanced meals for students of all ages and backgrounds. Please encourage your child(ren) to participate in the school meal program.

If you have any questions, please call Student Nutrition Services at 813-840-7066.

Sincerely,

Healthy Meals Express Application Center

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

USDA is an equal opportunity provider, employer, and lender.

Junta Directiva Escolar Nadia T. Combs, Presidenta Henry "Shake" Washington, Vicepresidente Lynn L. Gray Stacy A. Hahn, Ph.D. Karen Perez Patricia "Patti" Rendon Jessica Vaughn



Estimado padre/madre o tutor:

Nos complace informarle que las Escuelas Públicas del Condado de Hillsborough continúan con la opción de Disposición de Elegibilidad Comunitaria (*CEP*) para el año escolar 2023-2024. Todos los estudiantes matriculados en Carver Exceptional Center pueden participar en el programa de desayuno y almuerzo sin cargo y sin haber tenido que llenar la solicitud de beneficios de comidas.

¡Los niños necesitan comidas saludables para aprender! Los Servicios de Nutrición Estudiantil del Condado de Hillsborough ofrecen comidas nutritivas y bien balanceadas para estudiantes de todas las edades y orígenes. Por favor, anime a sus hijos a participar en el programa de comidas escolares.

Si usted tiene preguntas, por favor llame a los Servicios de Nutrición Estudiantil al 813-840-7066.

Atentamente,

Centro de solicitud Healthy Meals Express

De acuerdo con la ley federal de derechos civiles y las regulaciones y políticas de derechos civiles del Departamento de Agricultura de los Estados Unidos (*USDA*), el *USDA*, sus agencias, oficinas y empleados, e instituciones que participan o administran programas del *USDA*, tienen prohibido discriminar por motivos de raza, color, origen nacional, religión, sexo, identidad de género (incluida la expresión de género), orientación sexual, discapacidad, edad, estado civil, estado familiar/parental, ingresos derivados de un programa de asistencia pública creencias políticas, o censuras o represalias por actividades anteriores de derechos civiles, en cualquier programa o actividad realizada o financiada por el *USDA* (algunas de estas áreas no aplican a todos los programas). Los plazos para presentar resoluciones y querellas varían según el programa o incidente.

Las personas con discapacidades que requieren medios alternativos de comunicación para obtener información sobre el programa (ej., Braille, letra grande, cinta de audio, lenguaje de señas americano, etc.) deben comunicarse con la agencia responsable o el Centro TARGET del *USDA* al (202) 720-2600 (voz y TTY) o comunicarse con el *USDA* a través del Servicio Federal de Retransmisión al (800) 877-8339. Además, la información del programa puede que esté disponible en otros idiomas además del inglés.

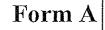
Para presentar una queja por discriminación al programa, complete el formulario de querella de discriminación del programa del USDA, AD-3027, que se encuentra en línea en How to File a Program Discrimination Complaint y en cualquier oficina del USDA o escriba una carta dirigida al USDA y escriba toda la información solicitada en el formulario. Para solicitar una copia del formulario de querella, llame al (866) 632-9992. Envíe el formulario que llenó o carta al USDA por: (1) correo: Departamento de Agricultura de los Estados Unidos, Oficina del Secretario Asistente de Derechos Civiles, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; o (3) correo electrónico: program.intake@usda.gov.

El USDA es un proveedor, empleador y prestamista de igualdad de oportunidades.



HEALTH HISTORY INFORMATION - School Health

| tudent: | Student# | ŧ: | Grade: | Date: | <u>.</u> |
|---|------------------------------|----------------------|----------------------|-----------------|----------|
| ILCALIA | | | | | |
| ear Parent/Guardian: our child's school physical and/or | Emergency Çard indicate | that he/she has th | ne following conditi | on(s) | |
| 1. 2. | | | | | |
| | | | | | |
| 2. 3. lease provide me with the following | | torn a better | anderstanding of vo | our child's ne | eds |
| lease provide me with the following | ng information so that I r | nay have a belief | midolamina ox 3 | | |
| hile at school. 1. Is your child under the care | -for the at | ove condition(s) | | Yes | _No |
| 1. Is your child under the care | Of a linkatorum for me == | 4 - Instrumer? | | Yes | _No |
| 2. Has your child had a proble | em with this condition in | THE IAST YEAR! | Pho | Yes_ | |
| | | | | | |
| Physician's Name: 3. Should your child's activit | ties at school be restricted | im any way (Fig. | inse mui som | Yes | No |
| restrictions may require a | physician steller of look. | | | | • |
| Please explain: | | | | | |
| | | | | Yes_ | No |
| 4. Does your child take med | lication(s) regularly? | Do | sage: | | |
| Medication Name: | | | | | |
| Reason for medication: | 1 | abild is sent | to the school clinic | for the health | |
| Reason for medication: 5. What action do you want problem? | | | | | |
| | | | | | |
| Emergency Contact Nu | | | | Phone #: | • |
| Name: | | Relation: | | Phone #: | |
| 3.7 | | | | | |
| 6. Please list any other inf | formation that might be h | elpful in caring for | your child. | - | |
| | | | , | | |
| | | | D-4- | _ | |
| Parent/Guardian Signa | dure: | • • | Date | | |
| If you wish to speak with me, I | Issas cell your child's se | hool and leave a p | phone number wher | e I can reach y | you |
| If you wish to speak with me, I | please can your citim a se | | • | | |
| during school hours. | | | | | |
| Sincerely, | • | ì | | | |





Student Residency Form

| | Complete | this f | orm (| (A) |) if the | parent/ | guardian | can | provide | proof | of | residency | y witl | ı two | (2) | documents. |
|--|----------|--------|-------|-----|----------|---------|----------|-----|---------|-------|----|-----------|--------|-------|-----|------------|
|--|----------|--------|-------|-----|----------|---------|----------|-----|---------|-------|----|-----------|--------|-------|-----|------------|

- If the family has experienced a loss of housing, complete Form B.
- If the family is co-residing with another person or family and has zero (0) documents to prove residency, complete Form C.

| Student Name: | Date of | Birth: | Student Number: | Grade: |
|--|--------------------|--------------|---------------------------------|--------------------|
| School Name: | 1 | | I | |
| Student's Street Address / City / State | e / Zip Code: | | | |
| Please check one of the following: | | | | |
| Own residence Rent re | sidence | | | |
| Licensed foster care placement (| Update D Screen | /SIS) | | |
| | | | | |
| Please check the two (2) documents fro | | | | on of residence: |
| Current Florida Driver's License | or State ID | | laration of Domicile | |
| Utility Bill or Utility Deposit Re | ceipt | | sitioning Active-Duty M | lilitary Orders |
| Lease Agreement | | | tgage Statement | |
| Rent Receipt | | | erty Tax Receipt | |
| Homestead Exemption | | | ranty Deed | |
| Migrant Address Verification Le | tter (Migrant elig | gible studer | its only) <i>No other docum</i> | entation required. |
| Per HCPS Policy 2431, students are not transfer schools. Contact the Assistant I | Principal for Adn | ninistration | for more information. | |
| McKinney-Vento Eligibility Assessme | | | | iat a copy of the |
| MCKITTHEY-YETHO Englishity Assessing | ent has been pro | Muca ny t | He senton. | |
| Under penalties of perjury, I declare tha true. A person who knowingly makes a declaration, a felony of the third degree | false declaration | | | |
| | | | | - |
| Printed Name of Parent/Guardian | Signature of 1 | Parent/Gu: | ardian | Date |
| | | | | |



AUTHORIZATION FOR RELEASE, INSPECTION, OR RECEIPT OF RECORDS

| ☐ Release or Copy Record | s 🔲 Receive Records | ☐ Permit the inspection | n of listed records/informa | tion |
|---|--|--|--|-------------------|
| Regarding: | | _ | • | |
| <i>ĕ</i> ; Na | me of Student | Date of Birth | Parent/Guardian | |
| To/From/By: (circle one) | • | | | |
| Medical Pro | vider or Agency Name | Addres | s | |
| PLEASE CHECK THE APPLICAB | LE RECORDS THAT ARE TO | D BE RELEASED/COP | TED/INSPECTED: | |
| ☐ Psychological Evaluation | ons/Reports · | ☐ Health/Medical/Bi | rth Reports/Records | |
| ☐ Diagnostic Screenings/☐ Social/Developmental I | Kepons/Records History Reports | ☐ Educational/Acad☐ Standardized Tes | emic Reports/Records | |
| ☐ Attendance Records ☐ Other; | • | ☐ Psychiatric Repor | | |
| | | • | | |
| PLEASE SEND/RELEASE INFOR | MATION TO: | | | |
| Name of Individual or Agency | Ar | ldress · | | |
| | ,. | | | |
| Phone . | . Ci | ty | State | ZIP |
| THIS RELEASE S | HALL BE EFFECTIVE 365 | DAYS FROM THE | DATE OF SIGNING | |
| | IMPORTANT F | | | |
| The person or agency receiving these re | | | ngangunilland all tit i i i' | Arg . |
| the parent or legal guardian, or the stude | ent if eighteen years of age or older. | spiralised in arth order herzolt of | agency wildout obtaining the I | witten consent o |
| Pursuant to Public Law 93-380, you, the | parent / guardian, are hereby notified | that you have the right to inspe | ect educational records, to ha | ve a copy of sai |
| records if you wish to pay the cost of of inappropriate. | duplication, and to challenge the conter . | it of said records on the groun | ds that they may be inaccura | ate, misleading o |
| | | | | - |
| PLEASE CHECK ONE OF TH | E FOLLOWING: | 4 | | |
| PLEASE CHECK ONE OF TH I certify that I am age eighteen or older | | ect matter of the records lists | ad above | • |
| ☐ I certify that I am age eighteen or older | and I am the person who is the subj | | | |
| ☐ I certify that I am age eighteen or older☐ I certify that I am the parent or legal goade of eighteen. I understand that t | and I am the person who is the subjusted in the subjusted in the person who is the subjusted information and/or reports that | ect matter of the records list | ed above, and that said pe | _tT1717 |
| I certify that I am age eighteen or older I certify that I am the parent or legal goage of eighteen. I understand that the Furthermore, school records are subject. | and I am the person who is the subjurted and the person who is the subjurted and/or reports that the countries of the regulations imposed the regulations in the subjurted that the regulations is the subjurted that the regulation is the regulation is the subjurted that the regulation is the regulation | lect matter of the records list are shared with the school by the Family Education Ri | ted above, and that said per may become part of the | student's recor |
| ☐ I certify that I am age eighteen or older☐ I certify that I am the parent or legal goade of eighteen. I understand that t | and I am the person who is the subjudication of the person who is the subjudication of the person who is the subjudication and/or reports that sected to the regulations imposed bions; 34 CFR Part 99). Those reco | lect matter of the records list are shared with the school by the Family Education Ri | ted above, and that said per may become part of the | student's recor |
| ☐ I certify that I am age eighteen or older☐ I certify that I am the parent or legal goage of eighteen. I understand that the Furthermore, school records are subjected (Statute: 20 U.S.C. § 1232(g) Regulation | and I am the person who is the subjudication of the person who is the subjudication of the person who is the subjudication and/or reports that sected to the regulations imposed bions; 34 CFR Part 99). Those reco | lect matter of the records list are shared with the school by the Family Education Ri | ted above, and that said per may become part of the | student's recor |
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| ☐ I certify that I am age eighteen or older ☐ I certify that I am the parent or legal good age of eighteen. I understand that the Furthermore, school records are subject (Statute: 20 U.S.C. § 1232(g) Regulation review by the parents/guardians and state. | and I am the person who is the subjuding and in the person who is the subjuding and of the person who is the subjuding and of the information and/or reports that ected to the regulations imposed bions: 34 CFR Part 99). Those reconstructions are considered as a constant of the person of the subject of the | lect matter of the records list are shared with the school by the Family Education Ri ords used to make education | ed above, and that said per may become part of the ghts and Privacy Act of 1 nal decisions about studer | student's reco |



Student Media Release Form

| Date: | | |
|--|---|--|
| School: | - | |
| Student ID Number: | | · |
| Student Name: | | - |
| Home Address: | | |
| · City: | State: | Zip: |
| Dear Parent/Guardian: | | |
| Throughout the school year, the mevents. Hillsborough County Pubrecorded your child for promotion posters, brochures, and newslette special district events. Before you this media release form must be only | al and educational reasons and educational reasons; on the Internet, radio ur child can participate in completed and returned | ons to utilize in publications, on television; or for other any of the above activities, to your child's school. |
| ☐ I give my permission for my c use in school/district publication Internet or by the general new his/her name to be published news publications or broadca | ons, school district prout vs media for print, broad in school/district publica | cast, or on websites; and for |
| ☐ I do not give my permission recorded for use in school/dis for print, broadcast, or on we school/district publications, o | strict publications, or for | me to be published in |
| Parent/Guardian signature: | | |
| Parent/Guardian name (please pr | int): | |
| Date: | | |

Carver Exceptional Center Point/Level System

| | iing, engageinelii, | materials. Itbehaviors (See | 95% (21 days) | Levels 1-4 | Options 7 Attend Off- Campus Field Trips | | · | Levels 1-4 Options + | Teacher | alternate setting to complete assignment | dionly receives cutive days). The may be frozen if SS. |
|---|---|---|------------------|------------------------|---|---|--------------|-------------------------|---|--|---|
| TEVELA (Orange) | ch includes active lister | s for the fùll duration te all assignments and ille utilizing replacemer | 90% (20 days) | Levels 1-3 Options + | Consideration of mainstreaming into gen. ed. setting | Consideration of Off- Campus Field Trips | | Level 1-3 Options + | May use computers for free time (Clever, Prodict or other | teacher approved) | id amount of days, an day 12 for five conse tand parent. Student |
| THEVIELM WANTEN HALLEVIEL OF GREEN TO THE THE TRUE OF | teractions with teachers, staff, and peers which includes active listening, engagement, and accountability. | Attendance: Arriving to class on time and in class for the full duration ss. Using necessary materials in class to complete all assignments and materials. Jing in lesson and completing all assignments while utilizing replacement behaviors (See Plasson and completing all assignments while utilizing replacement behaviors. | 85% (18 days) | Levels 1 & 2 Options + | May earn time in Game Room during elective (15 minutes) | Eligible to become an Ambaşsador | Weekly lunch | Level 1 & 2 Options + | Minecraft Education Ed | Supervised Tiger Activity (30 minutes once a week) | nains "frozen" on a leverloay for designated amount of days, and only receives level below their frozen level (le — level 3, day 12 for five consecutive days). The zen must be communicated to the student and parent. Student may be frozen if dents during the same day after completing the re-entry process. |
| | interactions with teach | Attendance: Arriving to s: Using necessary mang in lesson and comp | 75% (16 davs) | Level 1 Options + | Earn scheduled Junch with preferred adult | Receive one (1) | store | Level 1 Options + | Snack Option Coloring | | emains "frozen" on a he level below their fi frozen must be comm notests during the s |
| | Respect: Appropriate in | Atte Preparedness: b Participate: Engaging | 70% (15 dave) | Positive | note/call/text home Weekly Wednesday snack cart | : | | Kinetic Sand | Board Games Crossword Puzzles Word Search | • | FREEZE PROCEDURES: Studentrem privileges and reinforcements from the amount of days the student will be fro |
| | | Student Expectations | Point Sheet | Level Goals | | Privileges | | | | Earned Time | FREEZEPRO priviléges and r |

Carver Exceptional Center Point/Level System

| Physical fight with peers = 3 days | | | wel 3; day 12 would be level 2; day 12%. | |
|------------------------------------|--|--|---|--|
| Defacing Property - 2 Days | (writing on school property) Destruction of Property – 5 Days | (computers, textbooks, windows, walls, furniture, etc) | will alrop allevel buttmaintain the day (i.e.le | |
| Elopement from classroom (AWOL): | > 10 minutes = 1 day | | AND TOWNSHIP TO REPORT STREET | |

Physical attack against staff

3rd Physical attack against student

Off Campus Elopement

Five consecutive days of not meeting your level goal

Not meeting your level goal while on a freeze

measuring a student's behavioral and academic progress. All students will earn points throughout the day for maintaining appropriate Individualized target behavior that aligns with the student's Individualized Education Plan (and FBA/PBIP as applicable). Students will A level system is a continuum of privileges, responsibilities, and expectations. A level system is appropriate for classrooms that progress from Level 1 through Level 5 by earning their points daily. Movement can only be one level at a time. Privileges and require a highly structured system to support students with significant behavioral difficulties. It provides a consistent means of behavior and remaining academically on-task as documented on their daily point sheet. Each point sheet will also include an reinforcements are subject to change due to student's individual preferences and incentives.

A student's level and day will be recorded at the top of his or her point sheet. Students who are new to the Level System will begin at Level 1, Day 1. Students will be permitted to continue at the Level from the previous year when they return the following school year. previous school. For each level, a minimum percentage of points is required daily to move on to the next day. When a student does Students who transfer from an HCPS Level System classroom will continue with the system based on information provided by the not earn the minimum points for his/her level for that day, the student will repeat that level/day the next day

Students may be considered for mainstreaming from level 4 and up, based on teacher/administration recommendation. At that time, a modified point sheet will be used based on their placement in a general education classroom.

Carver Exceptional Center Point/Level System

| o the terms and conditions of Carver Exceptional Center's Point/Level | System. |
|---|---------|
| ead and agree to | |
| d and agree | |

| Grade: | Date: |
|---------------|-------------------|
| Child's Name: | Parent Signature: |



| THIS BLOCK FOR SCHOOL USE ONLY | THORIZATION | FOR STUDENT RELEASE | : AND EMERGE | ENCY INFORMATION DISTRICT STUDENT NO | | PLEASE PRINT FIRMS |
|--|---|---|---|--|--------------------------------------|---|
| SCHOOL YEAR SCHOOL NAME TEACHER OR HOMEROOM | | | GRADE | STATE STUDENT NU | | ENTRY CODE ENTRY |
| TEACHER OR HOWEROOM | | | GRADE | STATE STODENT NO | WOEK | DATE CHILD OF MILITARY FAMILY? |
| EMERGENCY INFORMATION: This can NAME OF STUDENT (LAST) MAILING ADDRESS – (STREET NUMBER & NA | (JR, 2D, 3D | 4T) (FIRST) | (MIDDLE) | DATE OF BIRTH MM DD YY | _ MALE _ FEMALE | YES NO Military Family Includes: 1) members on active duty or 2) members for 1 year following: • medical discharge due to injury • retirement |
| RESIDENTIAL ADDRESS – (IF DIFFERENT FR | OM MAILING ADDRES | SS) (STREET NO. & NAME, CITY, ZIP) | (IF RURAL LOCATION | . PLACE DIRECTIONS ON REV | /ERSE) | death due to active duty injury HOME PHONE |
| , | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ` | | , | |
| PARENT/LEGAL GUARDIAN (LAST, FIRST, INI | (IAL) | | PARENT/LEGAL GU | ARDIAN (LAST, FIRST, INITIAL | .) | |
| EMPLOYER NAME | | | EMPLOYER NAME | | | |
| BUSINESS PHONE/EXTENSION | MOBILE NUME | ER | BUSINESS PHONE/ | EXTENSION | MOBILE | NUMBER |
| EMAIL | l | | EMAIL | | | |
| RELATIONSHIP P - PARENT TO STUDENT: G - LEGAL GUARDI (CIRCLE ONE) A - GUARDIAN AD I PERSON(S) TO CONTACT IF PARENT CANNO NAME (STUDENT MAY BE RELEASED TO THE | ITEM N – N T BE REACHED | THER URROGATE D PARENT/GUARDIAN REQUIRED DAYTIME PHONE | RELATIONSHIP TO STUDENT: (CIRCLE ONE) PERSON(S) TO CON NAME (STUDENT M. | P PARENT G LEGAL GUARDIAN A GUARDIAN AO LITE! ITACT IF PARENT CANNOT BE AY BE RELEASED TO THIS PE | S - M N - E REACHED | - OTHER - SURROGATE - NO PARENT/GUARDIAN REQUIRED DAYTIME PHONE |
| HOSPITAL PREFERENCE | *************************************** | PHYSICIAN NAME & PHONE NUM | MBER | DENTIST NAME | & PHONE N | UMBER |
| CURRENT HEALTH PROBLEMS ASTHMA DIABETES SEIZURES HEART CONDITION ALLERGIES OTHER In the case of accident, serious illness, or emerge guardian. The school will make every effort to cor | ncy, the school may catact the parent/legal g | uardian, If the school is unable to contac | s (EMS), 911. If EMS n | nust transport your child, payme | nt of fees will b notify other pa | ne assumed by the parent/legal ersons listed on the emergency card. |
| child released to persons other than those listed a addresses and telephone numbers, to the princip | above, i must provide a | | XSignature of Pare | nt/Legal Guardian | | Date |
| | | REGISTRATION | INFORMATIO | ON | | |
| Student's Social Security Number Birthplace City First-time Hillsborough County Student No Did the student rel | State Ocate/move to Hills | | within the HCPS system to denied to a studer Security Number. | al Security Numbers for the purp stem and for required reporting to int because the student or student mtry within the past year? | o the Departm | g a unique numerical identification ent of Education. Enrollment will not guardian does not provide a Social |
| If yes, City(Last School attended by the Student) | PublicPr | State County ivate Home Education (In | clude the dates atter | Counded and complete address i | | pelow) |
| School NameStreet Address | | | | Zip Code | | ity |
| If the student ever attended a Hillsborough C | ounty Public School | ol, name of school | | | | .,, |
| Yes No Did the student ha | nost frequently spe | other than English? ak a language other than English? | Sti | udent's Native Language | | |
| Yes No Is either parent in Yes No Did your family e Yes No Is the student a si Yes No Has the student ev Yes No Has the student ev The No Has the student ev Date student first entered a United States sch If foreign born, how many years has the student even a student first entered a United States sch | the military, employer travel to look for ngle parent with eit wer been expelled, a wer had any referral ool: Month (MM) ent attended a scho | ol in the United States? | g in a housing project abor? inor child? I juvenile justice act | | | |
| Yes No Is the student of F Check all applicable races American Native H | - | fative A | sian | Black/African American | 1 | |
| Students with Individual Educational Plans (for the school district to release, exchange, redisclosed to the Agency for Health Care Adr school. I understand that my child will contitud my state/private benefits are not affected. | eview, and utilize n ninistration to facil nue to receive all s | ny child's personally identifiable in tate verification of Medicaid eligib | formation to assist is sility; and/or, as appl | n the provision of school he icable, to seek reimburseme | alth services ent from Med | , and for this information to be dicaid for services provided at |
| Signature of Parent/Legal Guardian | | | | Date | | |



| THIS BLOCK FOR SCHOOL USE ONLY SCHOOL YEAR SCHOOL NAME | URIZATION | FOR STUDENT RELEASE | : AND EMERGE | | DENT NUMBER | PLEASE PRINT FIRML |
|--|---|--|--|---|---|--|
| TEACHER OR HOMEROOM | | | GRADE | | ENT NUMBER | CODE ENTRY |
| EMERGENCY INFORMATION: This card is NAME OF STUDENT (LAST) MAILING ADDRESS - (STREET NUMBER & NAME) | (JR, 2D, 3D, 4 | y the parent or legal guardian. 4T) (FIRST) | (MIDDLE) | DATE OF BIRTH MM DD YY | MALE FEMALE | CHILD OF MILITARY FAMILY? YES NO Military Family Includes: 1) members on a active duty or 2) members for 1 year following: • medical discharge due to injur • retirement • death due to active duty injury |
| RESIDENTIAL ADDRESS - (IF DIFFERENT FROM | MAILING ADDRESS | S) (STREET NO. & NAME, CITY, ZIP) (| IF RURAL LOCATION, | PLACE DIRECTIONS | ON REVERSE) | HOME PHONE |
| PARENT/LEGAL GUARDIAN (LAST, FIRST, INITIAL |) | | PARENT/LEGAL GU/ | ARDIAN (LAST, FIRST | , INITIAL) | Manus suuransassassa suurassa suurassa suori 10 tookovastuleksen vuo loisintei, meksensovalivintoleks |
| EMPLOYER NAME | | | EMPLOYER NAME | | | |
| BUSINESS PHONE/EXTENSION | MOBILE NUMBE | R | BUSINESS PHONE/E | XTENSION | MOBILE I | NUMBER |
| EMAIL | | | EMAIL | | | |
| RELATIONSHIP P - PARENT TO STUDENT: G - LEGAL GUARDIAN (CIRCLE ONE) A - GUARDIAN AD LITE PERSON(S) TO CONTACT IF PARENT CANNOT BI NAME (STUDENT MAY BE RELEASED TO THIS PE | M N – NO REACHED | HER RROGATE PARENT/GUARDIAN REQUIRED DAYTIME PHONE | | P PARENT G LEGAL GUA A GUARDIAN A TACT IF PARENT CAI Y BE RELEASED TO | RDIAN S AD LITEM N NOT BE REACHED | - OTHER - SURROGATE - NO PARENT/GUARDIAN REQUIRED DAYTIME PHONE |
| HOSPITAL PREFERENCE | | PHYSICIAN NAME & PHONE NUM | BER | DENTIS | T NAME & PHONE N | UMBER |
| ASTHMA DIABETES SEIZURES HEART CONDITION ALLERGIES OTHER In the case of accident, serious illness, or emergency guardian. The school will make every effort to contact I have reviewed and understand the conditions of this child released to persons other than those listed abov addresses and telephone numbers, to the principal of | the school may con the parent/legal gua document and I und e, I must provide a I | ardian. If the school is unable to contact derstand that If I desire to have my | the parent/legal guard | ust transport your child ian, every effort will be nt/Legal Guardian | made to notify other p | ersons listed on the emergency card. |
| | | REGISTRATION | INFORMATIO | ON | | |
| Student's Social Security Number Birthplace City First-time Hillsborough County Student | State | Country | within the HCPS sys | tem and for required re | porting to the Departm | ng a unique numerical identification nent of Education. Enrollment will not I guardian does not provide a Social |
| Yes No Did the student reloca | te/move to Hillsb | orough County from ANOTHER State County | county, state or coun | ntry within the past | year? Country | . |
| (Last School attended by the Student) Pulschool Name | olic Priv | | | | | below) |
| Street Address If the student ever attended a Hillsborough Cour | ty Public School, | City , name of school | State | Zip Code | Cour | ity |
| Home Language Survey Yes No Did the student have Yes No Does the student mos Primary language spoken in the home by the Par | a first language o t frequently speal | ther than English? k a language other than English? | Stu | ident's Native Lang | uage | |
| Yes No Is either parent in the Yes No Did your family ever Yes No Is the student a single Yes No Has the student ever | military, employ travel to look for parent with eithe been expelled, arr and any referrals Month (MM) attended a school | in the United States? | g in a housing project sbor? nor child? juvenile justice acti | | | |
| Check all applicable races American Inc. Native Hawa | ian or Alaska Na | tive As | ian hite | Black/African A | merican | |
| Students with Individual Educational Plans (IEF for the school district to release, exchange, revie disclosed to the Agency for Health Care Adminischeol. I understand that my child will continue that my state/private benefits are not affected. | w, and utilize my stration to facilita | child's personally identifiable in te verification of Medicaid eligib | formation to assist in ility; and/or, as appli | the provision of selicable, to seek reimb | nool health services oursement from Me | s, and for this information to be dicaid for services provided at |
| Signature of Parent/Legal Guardian | | | | Date | | |