



BEST INTEREST DETERMINATION FOR FOSTER CARE SCHOOL SELECTION – WORKSHEET

Completed by: LEA DCF

STUDENT:			
Date of Birth (MM/DD/YYYY):		GRADE LEVEL:	
Does the student have an Individualized Education Program (IEP)? (Yes/No)		Is the IEP signed? (Yes/No) If Yes, indicate by whom	
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:			
DISTRICT OF ORIGIN POINT OF CONTACT (POC):			
LOCAL SCHOOL DISTRICT (LSD): <i>(where student is living in foster care)</i>			
LSD POC:			
DCF Area Office:			
DCF POC, Social 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.)

- | | |
|---|---|
| <ul style="list-style-type: none"> <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> | <ul style="list-style-type: none"> <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) |
|---|---|

NOTES:

- ***The cost of transportation may not be factored when conducting the BID.***
- ***Financial or programmatic responsibility for a student’s special education services are 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 [DESE’s Office of Special Education Policy and Planning](#).***

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

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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 Date(s): <input type="checkbox"/> Attachment
		<input type="checkbox"/> Call <input type="checkbox"/> Email <input type="checkbox"/> Face-to-Face Date: <input type="checkbox"/> Attachment
		<input type="checkbox"/> Call <input type="checkbox"/> Email <input type="checkbox"/> Face-to-Face Date: <input type="checkbox"/> Attachment
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		<input type="checkbox"/> Call <input type="checkbox"/> Email <input type="checkbox"/> Face-to-Face Date: <input type="checkbox"/> Attachment
		<input type="checkbox"/> Call Date:

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COLLABORATORS IN THE BEST INTEREST DETERMINATION

		<input type="checkbox"/> Email	<input type="checkbox"/> Attachment
		<input type="checkbox"/> Face-to-Face	
		<input type="checkbox"/> Call	Date:
		<input type="checkbox"/> Email	<input type="checkbox"/> Attachment
		<input type="checkbox"/> Face-to-Face	

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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. DCF will provide Notice to LEA to DOO.

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?)

DCF:

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 (where the student is living in foster care).

DCF provides Notice to LEA and initiate immediate enrollment.

Records transfer requested by LSD 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
DCF Representative:			
DOO POC:			
LSD POC:			

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