

Student Name _____

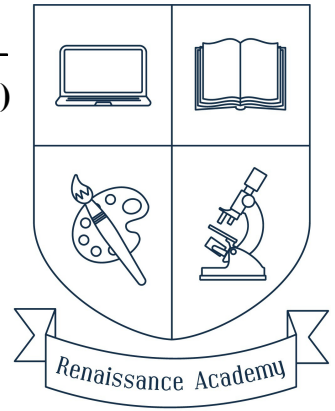
Student's
photo

Renaissance Academy (RA) Behavioral Concern & Action Plan (BAC)

Date of Birth _____

Age _____ **Grade** _____ **School Year** _____

The parent/guardian is responsible for supplying all medications, medication release form, and any other needed equipment/supplies to Renaissance Academy (RA).



	<u>Call First</u>	<u>Try Second</u>
Parent/ Guardian Name		
Relationship		
1 st Phone		
2 nd Phone		

HISTORY

Please describe the behavioral issue(s) and any interventions/responses that you have found that work well for your student. Attach another sheet if needed:

Action Plan (to be completed with RA Director):

RA is eager to help every student become their best self and to be an asset to the RA community and beyond. We have high standards for behavior for everyone at Renaissance. We have found that this enables everyone to enjoy being part of our community. We are empathetic to students with behavioral challenges. We are happy to work with families to help their children grow where needed, within the limitations of our program.

- I have read and accept the RA Behavior Management and Plan of Action Document.
- I will work together with RA to help my student succeed at RA.
- I understand that RA is a small-scale program that meets for limited hours weekly and, as such, is unable to manage severe or disruptive behavioral issues in their optional in-person classes.
- I understand that my student is welcome at RA unless and until their behavior takes learning away from other students or limits the instructor's ability to teach.
- I understand and agree that my child may be removed from class if their behavior is interfering with learning or instruction as outlined in the RA Behavior Management and Plan of Action Document.
- I understand and agree that if my child has multiple class removals or severe behavioral issues, they may be removed from the optional in-person portion of the RA program at the sole discretion of the Director with no refunds granted.
- I agree to have the information in this plan shared with staff needing to know.
- I give permission to use my child's picture on this plan (if I did not supply a photo)

Date _____ Parent/Guardian _____
Signature indicates agreement with this plan

Date _____ RA Director _____
Signature indicates agreement with this plan