



**STATE OF FLORIDA
DEPARTMENT OF JUVENILE JUSTICE**
Request for Student Records

Email To: Transition Contact for Records/Commitment Staffings

Date: DJJ ID #:

Student Name: First: Middle: Last:

DOB: Referral #:

Reason Needed: Commitment Consideration Other (please enter reason in box below)

Complete Records Include: Attendance, Discipline, Transcripts, Grades in Progress, Most Recent Report Card or Progress Report, level of Multi-Tiered Systems of Support if applicable, Psychological, and IEP/Functional Behavior Assessment/Behavior Intervention Plan/Section 504/ or English Language Learner (ELL) plans, if applicable.

Complete records should be sent ASAP but no later than 3 days after receipt of the request to:

JPO Name:

Phone:

Email:

Note: 1002.221, F. S allows education agency to disclose without consent, to parties in an interagency agreement. Information provided will only be used to determine appropriate programs and services.

School District Educational Records Coversheet for DJJ Commitment Packets
***Records transferred at the written request of the Juvenile Probation Officer (JPO)**

School district records contact name:		Phone:	
JPO receiving records:			
Date of Completion of Records Coversheet:			
Student Name:		DOB:	Age:
EDUCATIONAL RECORDS COVERSHEET			
Earned Diploma: <input type="checkbox"/> No <input type="checkbox"/> Yes		Date of Diploma:	If earned diploma, which type: <input type="checkbox"/> Standard <input type="checkbox"/> State of Florida (GED®)
Currently Enrolled: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> In Detention		<input type="checkbox"/> State of Florida Performance-Based	
Name of Detention:		<input type="checkbox"/> Certificate of Completion	
Total Trips to Detention this School Year:		Discipline: _____ Referrals for current SY	
Current/Last School (other than Detention):			
Current/Last Placement Type: K-12: <input type="checkbox"/> Traditional <input type="checkbox"/> Alternative <input type="checkbox"/> ESE Center Adult Ed: <input type="checkbox"/> Credit Earning <input type="checkbox"/> GED Prep			
Most Recent Enrollment (dates): _____ to _____ with _____ absences			
History of Alternative Placement: <input type="checkbox"/> Behavior <input type="checkbox"/> Credit Recovery		Year entered MS:	
Grade Level:	GPA:	Year entered HS:	
Cohort Year:	On track to graduate w/cohort? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Statewide Assessments – Graduation Requirements: Algebra 1 EOC: <input type="checkbox"/> Passed <input type="checkbox"/> Failed / # of Attempts _____ FSA ELA: <input type="checkbox"/> Passed <input type="checkbox"/> Failed / # of Attempts _____ Assessments Waived (ESE students only) <input type="checkbox"/> Alg I EOC <input type="checkbox"/> FSA ELA		Cumulative Credits: _____ # of core academic credits: _____ # of elective credits: _____ Enrolled in credit recovery? <input type="checkbox"/> No <input type="checkbox"/> Yes Credit recovery vendor? _____ Online course completed: <input type="checkbox"/> No <input type="checkbox"/> Yes	
Check if applicable: <input type="checkbox"/> English Language Learner (ELL) <input type="checkbox"/> ELL Plan included			
EXCEPTIONAL STUDENT EDUCATION (ESE) /SECTION 504 PLAN INFORMATION			
ESE Student: <input type="checkbox"/> No <input type="checkbox"/> Yes		504 Plan: <input type="checkbox"/> No <input type="checkbox"/> Yes	
Exceptionality:		IEP Included: <input type="checkbox"/> No <input type="checkbox"/> Yes	
If IEP, Psychological, or Section 504 Plan not included, please contact:			
School:		Phone Number:	
SCHOOL DISTRICT RECOMMENDATIONS FOR RESIDENTIAL PROGRAMS			
Recommended course schedule (include course title and code): (*What course schedule would this student have if enrolled in your school district?)			
1		4	
2		5	
3		6	
CTE programs available in district: (*Does not necessarily mean the student will be able to attend the school with the available CTE program upon return to school district) <input type="checkbox"/> Welding <input type="checkbox"/> Building Construction <input type="checkbox"/> Microsoft <input type="checkbox"/> Culinary Other: _____			
Additional Comments:		Records included in packet: <input type="checkbox"/> Cumulative Transcript <input type="checkbox"/> Grades in Progress <input type="checkbox"/> Attendance Records <input type="checkbox"/> Discipline Records <input type="checkbox"/> IEP/Section 504 Plan/ELL Plan (if applicable) <input type="checkbox"/> Most Recent Report Card and Progress Reports <input type="checkbox"/> Multi-tiered System of Support Documentation (if applicable)	