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Exhibit A—District Liaison Officers

The District has designated the following employee as the liaison officer for homeless students:

Name: Angelica Venzor
Position: Parental Involvement Specialist
Address: 300 N. Kenazo Ave., El Paso, TX 79928
Telephone: (915) 926-3255

The District has designated the following employee as the liaison officer for court-related students:

Name: Barbara Pena
Position: Director of Student Services/District Alternative Education Program
Address: 3490 Ascension Drive, El Paso, TX 79928
Telephone: (915) 926-3242

The District has designated the following employee as the liaison officer for students who are in the conservatorship of the state or foster care:

Name: Robert Flores
Position: Director of Federal Programs
Address: 300 N. Kenazo Ave., El Paso, TX 79928
Telephone: (915) 926-3255

Exhibit B—Educational Best-Interest Factors Form for Student in Foster Care

This form will be completed by the administrator designee and/or school counselor upon request by the child welfare agency. Submit a copy of the completed form to the District Foster Care Liaison in the Department of Federal Programs.

Student's name: _____ ID#: _____ Grade: _____

Student's school of origin: _____

School counselor: _____

Student Preferences

Has the student expressed any preferences regarding which school the student wants to attend? Please provide details:

Has the student expressed any feelings about safety or other relevant aspects regarding the environment at the school of origin? Please provide details:

Academic Factors

How is the student performing academically?

Does the student participate in any specialized instruction, such as a gifted and talented, ELL, or career and technical program? Please describe:

In your opinion, how will remaining in the school of origin impact the student's academic performance? Please explain:

Social/Emotional Factors

Describe any meaningful relationships the student has formed with District staff at the school of origin:

Describe any meaningful relationships the student has formed with other District students at the school of origin:

Describe the student's participation in any extracurricular or after-school activities:

Describe any other ties the student has to the school of origin:

Conclusions

In your opinion, how will remaining in the school of origin impact the student's social, emotional, or behavioral well-being? Please explain:

Counselor's signature: _____ Date: _____

Administrator's signature: _____ Date: _____

Exhibit C—Individual Transportation Plan for Student in Foster Care

This form will be completed by the District Foster Care Liaison and submitted to all key stakeholders for input and signature(s). The completed form will be sent to the Clint ISD Transportation Department for processing.

Student's name: _____ ID#: _____ Grade: _____

Student's school of origin: _____

School of origin address: _____

Student's foster parent or caregiver: _____

Student's current address: _____

Local attendance zone school: _____

Participants in Plan Development

The following District personnel were involved in the development of this plan: (List the names and positions as appropriate.)

District foster care liaison

Name: _____

Principal at school of origin (or administrator designee)

Name: _____

Transportation director

Name: _____

McKinney-Vento homeless liaison

Name: _____

Communities in school (CIS) (if applicable)

Name: _____

District security supervisor (if applicable)

Name: _____

Special education director (if applicable)

Name: _____

Other: (List names and positions of other relevant federal programs staff, and other personnel from assigned school if not within District boundaries.)

The following representatives of the Texas Department of Family and Protective Services (DFPS) were involved in the development of this plan:

Education decision-maker

Name: _____

Caseworker

Name: _____

Foster parent or caregiver, if different from the educational decision-maker

Name: _____

Court-appointed special advocate (CASA)

Name: _____

Other

Name: _____

Additional Costs of Transportation

As a comparison for determining whether additional costs will be incurred in transporting the student to the school of origin, the cost of transporting the student to the school that the student would otherwise attend is estimated to be: _____

The cost estimate of providing transportation under this plan is estimated to be: _____

Thus, the cost of providing daily transportation for the student to the school of origin under this plan (*does/does not*) require additional costs. These additional costs will be funded in the following manner: _____

Transportation

Until the daily transportation method can be fully implemented, immediate transportation to the school of origin will be provided in the following manner:

Daily transportation to the school of origin will be provided in the following manner:

If it is known in advance that the daily transportation method will not be available, transportation will be provided in the following manner:

Should the daily transportation method not be available based on an unanticipated event, the following action steps will be initiated to ensure the student is able to get to school on time:

Should an emergency occur or the student is sick while at school, the following steps will be taken by school personnel, and the listed foster care parent and/or caregiver will be notified.

The student participates in after-school activities: Yes ____ No ____

If yes, specify days and time the student participates in after-school activities in which it will require adjustments to the daily transportation method:

Days: _____

Start time: _____ End time: _____

Transportation on these days will be provided in the following manner:

Review and Termination

This plan will be reviewed when any circumstances have changed that affect implementation of the plan and at the beginning of each semester.

Upon the student's exit from foster care, the student can remain in the school of origin. The Region 10 Education Specialist will notify the District foster care liaison so that this transportation plan may be reviewed for the continuation and termination of transportation services.

Foster care liaison's signature: _____ Date: _____

Chief financial officer's signature: _____ Date: _____

DFPS education decision-maker's signature: _____ Date: _____

Foster parent or caregiver's signature: _____ Date: _____

(If different from the education decision-maker.)