**Mississippi Department of Education**

**Office of Special Education**

**REQUEST FOR POSITIVE BEHAVIOR SPECIALIST(S) OSE/FY 2020**

|  |  |  |
| --- | --- | --- |
| District Name | District Code | Update  Information \_\_\_\_\_yes \_\_\_\_\_no |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Individual | License # | Expiration Date | Status | |  | | Payment Method  ***(indicate percentages)*** | | | PBS Total  Allocated Amount  (A) + (B) | MDE USE ONLY |
| New | Returning | (A)  PBS  (state) | (B)  PBS  (federal) | | IDEA | State (local)/  District |
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**The District assures that the responsibilities of this specialist will be to design positive behavioral interventions and to conduct functional behavioral assessments as required by the 2004 Amendments to the Individuals with Disabilities Education Improvement Act. The District understands that all of the funds must be drawn by *February 12, 2020.***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Superintendent’s Signature Date**

Approval by Mississippi Department of Education, Office of Special Education

Submission Approval \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MDE Staff Member Date

Submission Approval \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MDE Director Date