

INSTRUCTIONS FOR POSITIVE BEHAVIOR SPECIALIST APPLICATION

1. District's name and District's code.

Indicate the name and code of the school district.

2. Update Information

Check "Yes" if you are providing updated information on a returning Positive Behavior Specialist.

Check "No" if the individual listed is new.

Leave blank if you have both new and returning individuals listed.

3. Name of Individual

List the names of all the individuals the district is seeking approval for as a Positive Behavior Specialist, regardless of the funding source.

4. License Number

List the license number as issued by the Mississippi Department of Education or the appropriate State licensing agency.

5. Expiration Date

The license must be valid for the entire school year (2025-2026).

6. Status

Check "New" if the individual **did not serve** as a Positive Behavior Specialist during the 2024-2025 school year. Attach a copy of a valid license, resume, and training certificates.

Check "Returning" if the individual served as a Positive Behavior Specialist during the 2024-2025 school year and attach a valid license if the one previously submitted has now expired.

7. Payment Amount

Indicate the percentage of each funding source(s) for each person listed. If the person is considered to be part-time, the percentage should be equal to the amount of time the person is expected to work and if the person is considered full-time, the percentage should be 100. **DO NOT LIST ANY DOLLAR AMOUNTS.**

8. PBS ALLOCATED AMOUNT

If the Positive Behavior Specialist funds allocated for your school district will be divided among individuals listed, list the portion of that allocation that each individual will receive. The individual amounts must total the amount of your allocation.

9. MDE Use only

This column is for MDE use only. Leave blank.

10. Superintendent's Signature and Date

The Superintendent signs and dates the form.