

To: Parent (s)/Guardian (s) of Pelham School District Student,

The Pelham School District, is working to create safe and supportive learning environments that optimize academic outcomes for all students. This includes identifying and responding to student needs with interventions and services. The most effective way to identify these needs is through universal screening using a data-based approach. The universal screening is conducted using the Behavior Intervention and Monitoring Assessment System (BIMAS).

The BIMAS is a brief, repeatable measure of social, emotional and behavioral functioning in children and adolescents ages 5-18. The BIMAS includes 34 items that are used for universal screening and response to intervention. It was developed based on years of research and a scientific model that identified items that are sensitive to change. If you wish to see the screening tool, please contact your student's special education case manager to schedule a time to see the BIMAS.

BIMAS serves three main objectives:

-Universal Screening: the small number of items on the BIMAS allows for classroom teachers to rate her/his students quickly and effectively. The BIMAS can detect students in need of further assessment and identify their respective areas of need.

-Student Monitoring: Students that are identified as being in need of additional supports and services can have the effectiveness of their interventions monitored through the BIMAS system to provide feedback about the progress of the individual students or groups in intervention programs.

-Program Evaluation: The methods of data collection and analysis allow for reviews of changes in a group of students receiving supports and interventions. This can help determine the most effective interventions.

The district asks that you allow your child's teacher to complete the BIMAS 1-4 times per school year to determine needs and provide interventions to support your student academically.

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*Please return the bottom portion of this form to your child's teacher

Student Name: _____

Parent Signature: _____

Date: _____

I DO GIVE PERMISSION FOR MY CHILD'S TEACHER TO COMPLETE THE SCREENING TOOL UP TO 4 TIMES PER ACADEMIC YEAR

I DO NOT GIVE PERMISSION FOR MY CHILD'S TEACHER TO COMPLETE THE SCREENING TOOL