## SWPBS Reimbursement Application Form

To acknowledge the work of schools in implementing SWPBS with fidelity and to contribute to incidental costs, such as purchasing reinforcement items, tangible acknowledgements, printing certificates or others, a reimbursement of $1000 per each tier is available to eligible schools. A school can only claim reimbursement once per tier.

If you wish to apply for reimbursement, please provide the information below:

|  |  |  |  |
| --- | --- | --- | --- |
| School name: |  | | |
| Application submitted by: |  | | |
| Contact number: |  | Email: |  |

**Please include all documents listed below under relevant tier as part of your application:**

|  |  |  |
| --- | --- | --- |
| For tier I | For tier II | For tier III |
| Template of team meeting agendas and minutes (1.2) | Template of team meeting agendas and minutes (2.2) | Template of team meeting agendas and minutes (3.2) |
| Behaviour Matrix (1.3) | Screening Process for identifying students requiring tier II supports (2.3) | Screening Process for identifying students requiring tier III supports (3.3) |
| Lesson plans for teaching expectations (1.4) |
| Flowchart or continuum of responses to behaviour (1.5) | Referral process for referral of students requiring tier II supports (2.4) | Professional Development for staff about basic behavioural theory, function of behaviour, and function-based intervention (3.7) |
| Discipline/Behaviour/Student Engagement policy (1.6) | Documented behaviour support interventions matched to student needs (2.5) |
| Behaviour support plans inclusive of requirements (template) (3.10, 3.11, 3.12) |
| Documentation for classroom PBS procedures (1.8) | Formal process to select tier II interventions (2.7) |
| Acknowledgement system (1.9) |

An invoice containing relevant account details and eligibility number is included with the application.

The Principal endorses this reimbursement application.

The Principal agrees that the relevant resources identified above may be shared as examples of good practice.

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|  |  |  |  |  |
| *Name* |  | *Signature* |  | *Date* |

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| **Office Use only** | | |  | | |  | | Eligibility Number: | | | *SWPBS* | | | |  | |  |  | / | |  |  |  |  |  |
| Date application received: | | |  | | |  | | All requested documents submitted: | | | | | | | | Yes | | | | No | | | | | |
| Invoice received: | | Yes | No | | |  | | Follow-up request sent: | | | | Yes | | No | | | | | | | | | | | |
| Reimbursement approved: | | | Yes | |  | | | | | No | | |  | | | | | | | | | | | | |
|  | | |  | *approved by* | | | | | |  | | | *reason* | | | | | | | | | | | | |
| Paid on: |  | | Transaction Number: | | | |  | | Confirmation sent on | | | | | | | | | | |  | | | | | |