

RECORD OF MEETING TO CONSIDER PROPOSED SUSPENSION/EXPULSION

Student: _____ Eligibility Category: _____

School: _____ Date: _____ Time: _____

Native Language: _____ Interpreter Needed: Yes _____ No _____

<u>Title</u>	<u>Signature</u>
Principal/Asst. Principal	_____
Student's Primary Teacher	_____
Psychologist	_____
Special Education Teacher	_____
Parent	_____
Other: _____	_____

Proposed disciplinary action: _____

1. Behavior resulting in the proposed disciplinary action:

2. Sources of information used to reach the following decisions (must include evaluation and diagnostic results, observations of the child, disciplinary history, IEP, placement, etc.):

3. Decisions/Relationship of student behavior to disability:
Discussion:

Decision: The child's disability impaired the ability of the child to understand the impact and consequences of the behavior. Yes _____ No _____
 The child's disability impaired the ability of the child to control the behavior. Yes _____ No _____

4. Decision/Relationship of student behavior to appropriate placement and program:
Discussion:

Decision: The IEP and placement are appropriate and being fully implemented: Yes ___ No ___

5. The behavior is a manifestation of the disability or inappropriate placement or program:
Yes _____ No _____

___If yes, an IEP meeting must be held promptly to develop an appropriate program. There will not be a cumulative suspension of more than ten days in a school year. The IEP is scheduled for _____ (date).

___If no, an IEP meeting must be held prior to the student being suspended for more than ten consecutive school days or prior to a student being suspended for a series of suspensions equal to 10 or more days to develop an alternative program.

Yes _____ No _____ Suspension is not for more than ten cumulative days in the school year. If yes, the Director must be notified and a re-evaluation and an IEP must be scheduled. The IEP is scheduled for _____(date).

6. Decision/proposed sanction/action:

Suspension is for _____ school days. Dates of suspension _____
Prior suspension(s) in current school year: Date(s) _____ Total Days _____

7. A Functional Behavioral Evaluation _____ has been done _____ is being scheduled.

8. Description of other options considered, if any, and reason for rejecting them:

9. Other factors relevant to the proposal:

10. Decision/Relationship of sanction to free appropriate public education:

Building Principal/Designee

cc: Principal
Director of Special Education
Student's Primary Teacher
Special Education Teacher
Parent/Guardian

A full explanation of your procedural safeguards has been attached. If you have any questions regarding your rights or this notice, please contact me at _____. Mediation services are available to parents as a dispute resolution process.

Name _____ Title _____ Date _____