

North Santiam School District

Code: **JGD-FORM**
Adopted: 5/20/09

Suspension

Student Name (full/legal):	Grade:	Date of Birth:
Check all that apply: (checking indicates that the student was receiving these services)		
<input type="checkbox"/> IEP <input type="checkbox"/> IEP was implemented	<input type="checkbox"/> 504 <input type="checkbox"/> 504 was implemented	<input type="checkbox"/> Safety/Support Plan is in place
<input type="checkbox"/> Regularly seeing a counselor	<input type="checkbox"/> Regularly seeing a behavior specialist	<input type="checkbox"/> Other:
Date of Incident:		
Summary of the student's statement:		
Administrator's summary of the findings and narrative to explain decision:		
Dates of Suspension In School _____ Out of School _____ Number of Days _____ From _____ To _____ Return date: _____ Condition upon return: _____ _____		
Administrator Signature _____ Referred to: Parents/Guardian contacted Yes _____ No _____ Case Managers/Behavior Specialist _____ Yes _____ No _____ Counselors __Yes _____ No _____ Family Support Advocate _____ Yes _____ No _____ Level 1 Threat Assessment _____ Yes _____ No _____ Other: _____		Date _____ Procedural Safeguards: <input type="checkbox"/> Parent <input type="checkbox"/> Student if 18 years Manifestation Determination <input type="checkbox"/> No <input type="checkbox"/> Yes Date: _____
Copies to: <input type="checkbox"/> Parents/Student (Age 18) _____ In Person _____ By Mail _____ <input type="checkbox"/> Student Behavior File (remains in student file three years after last year of attendance in the district) <input type="checkbox"/> Administrator File (attached to documentation - witness statements, student statement, referral, physical restraint form, photos of injuries/damage, etc.) <input type="checkbox"/> Referring teacher <input type="checkbox"/> Case manager <input type="checkbox"/> Counselor <input type="checkbox"/> Other: _____		