

THE SCHOOL BOARD OF ST. LUCIE COUNTY

PLACEMENT REVIEW/EXPULSION PACKET CHECKLIST

Student Name:

REG ESE/504

School:

- Placement Review/Expulsion Packet Checklist (CUR0043 Pg. 1 of 9)*
- Profile of Student recommended for Placement Review/Expulsion (CUR0043 Pg. 2 of 9)*
- Principal's Recommendation for Placement Review/Expulsion to Superintendent (CUR0043 Pg. 3 of 9)*
- Notice of Suspension with referral for Placement Review and Possible Expulsion (CUR0043 Pg. 4 of 9)*
- Incident Report (include photos) (CUR0043 Pg. 5 of 9 and Pg. 6 of 9)*
- Student Statement (CUR0043 Pg. 7 of 9)*
- Employee Statement (CUR0043 Pg. 8 of 9)*
- Intervention Strategies & Discipline Actions (CUR0043 Pg. 9 of 9)*
- Print out of electronic grade book page for current school year class grades.*
- Manifestation Determination (For all ESE and 504 students) (XED 0095)*
- Security and/or Police Report # and Agency Name _____*
- Security Video requested*
- Threat Assessment completed in Skyward (Do not print)*
- Cumulative Folder*

THE SCHOOL BOARD OF ST. LUCIE COUNTY

Profile of Student Recommended for Placement Review/Expulsion

Student's Name:
Last First Middle

Student ID#: DOB:

Age: Grade: Gender: Race:

Name of School:

Parent or Guardian's Name and Address:

Parent or Guardian's Telephone Numbers:

Home:

Work:

Cell:

Student's Address (if different)

Code of Conduct Infraction:

Principal's Recommended Length of Expulsion:

THE SCHOOL BOARD OF ST. LUCIE COUNTY

Principal's Recommendation for Placement Review/Expulsion to Superintendent

Date:

Dr. Jon R. Prince, Superintendent
9461 Brandywine Lane
Port St. Lucie, Florida 34986

Dear Superintendent:

I am recommending be expelled not be expelled
from school.

The recommended length for this expulsion should be

.

On violated School Board Policy

and student conduct rules as follows:

I have considered alternatives appropriate in this case. Reports are attached.

Sincerely,

Principal

PRC use only

The above recommendation has been reviewed by the Placement Review Committee on _____

The Placement Review Committee's action is as follows: _____

Placement Review Committee Designee/ Date

THE SCHOOL BOARD OF ST. LUCIE COUNTY

Notice of Suspension with Referral for Placement Review and Possible Expulsion

Date of Notice: Number: Student Discipline Referral Incident

To: Student Name:
(Parent or Guardian)

Student's Address

School: Grade:

We regret to inform you that the above named student has been suspended from school on

for a period of school days.

I have considered all alternatives appropriate in this case; however, your child has been involved in infractions of school regulation of such a serious nature that a review of you child's school placement is required. The specific natures of these infractions are as follows:

You may call this office to arrange meeting as soon as possible. At this meeting, your child will be given (1) a further explanation of the Code of Student Conduct provisions that were violated, and of evidence against your child, and (2) an opportunity to give your child's side of the story and to provide information in support, either orally or in writing. During this period of suspension, your child is not to appear on school grounds and/or at school activities.

Your child's records are being sent to the Superintendent of Schools for further action which could result in a recommendation to the School Board for the expulsion of your child from St. Lucie County Schools. Your child may not attend school until you have been notified of school placement status.

You will be notified of any action the Superintendent may take prior to the end of your child's suspension period.

Principal

THE SCHOOL BOARD OF ST. LUCIE COUNTY

INCIDENT REPORT

STUDENT: _____

TIME: _____

DATE: _____

Detailed, factual description of incident: Who? What? When? Where? Why?
What preceded the incident?

Signature: _____

Date: _____

Print Name: _____

THE SCHOOL BOARD OF ST. LUCIE COUNTY

INCIDENT REPORT

STUDENT: _____

TIME: _____

DATE: _____

Detailed, factual description of incident: Who? What? When? Where? Why?
What preceded the incident?

Signature: _____

Date: _____

Print Name: _____

SCHOOL BOARD OF ST. LUCIE COUNTY

EMPLOYEE STATEMENT FORM

NAME (**PRINT**) _____

POSITION _____

SCHOOL/DEPARTMENT _____

STATEMENT MADE BY ABOVE NAMED PERSON

EMPLOYEE SIGNATURE _____ DATE _____

RECEIVED BY _____ DATE _____

Print Name and Position

THE SCHOOL BOARD OF ST. LUCIE COUNTY

INTERVENTION STRATEGIES

Name:

Student ID #

Parent/Admin/Teacher/Student Conference

Referral for Counseling

Referral for Mental Health

Referral to PST

FBA/BIP

BEP (Check In/Check Out)

Social Skills Training
(Second Step/LEAPS/School Connect)

Risk Assessment Protocol

Mentors

DISCIPLINE ACTIONS

CHAMPS Classroom YES NO

Discipline in the Secondary Classroom YES NO

Loss of Privileges

School Detention

BIC Date
Number of Days

OSS Date
Number of Days

Report/Consult with Law Enforcement

Special Work Assignments

Other