#### RECOMMENDATION FOR EXPULSION PACKET CONTENTS SHEET EXPULSION ABEYANCE INTERVENTION OFFICE DIVISION OF STUDENT SUPPORT INITIATIVES

#### PLEASE SUBMIT EXHIBITS 4 THROUGH 20 AS APPLICABLE

Name:			Date of Incident:	(MM/DD/YYYY)
School:			Date of Birth:	(MM/DD/YYYY)
Grade:	Race:	_Sex:		

Mark with an (X) as Applicable to Student: ESE/IEP\_\_\_\_\_ 504 Plan\_\_\_\_\_ General Education \_

Please Note: When recommendation for expulsion is made for a student with an IEP or 504 Plan, Manifestation Determination, relative to the alleged infraction, must be conducted by school staff within the 10-day suspension period.

Exhibit	Number of Pages	le to the aneged infraction, must be conducted by school stall within the lo-day suspension period.
1	N/A	Letter from Executive Director Recommending Expulsion
2	N/A	Expulsion Hearing Affidavit
3	N/A	Student Expulsion Database Information Sheet
4	IN/A	MEMO FROM PRINCIPAL RECOMMENDING EXPULSION
5		STUDENT INFORMATION SHEET
5		Provide current and verified student information.
6		Mandatory document needed:
0		SUSPENSION NOTICE
		Requires signatures of Assistant Principal and Principal with correct return date of student.
7		Mandatory document needed:
		WRITTEN NOTICE OF EXPULSION TO PARENT/GUARDIAN
8		Mandatory document needed:
		STATEMENT/ADMINISTRATION/SCHOOL OFFICIAL
		Obtain Witness Signature . Must be transcribed to witness statement form.
9		Mandatory document needed:
-		SIU IMMEDIATE NOTIFICATION & EVIDENCE
		Must be signed by reporting administrator.
		*For substance infractions, include documentation of 2 <sup>nd</sup> and subsequent offenses, as well as prior
		substance intervention and substance test results.
		**For all infractions include Evidence Report, Chain of Evidence, and Evidence Receipt.
		***For all infractions, as available and applicable, provide video, photos, property receipts of local
		municipalities and/or SIU, and medical documentation of serious injury.
10		SPECIAL INVESTIGATIVE UNIT REPORT
		Only submit if applicable.
11		STATEMENT OF STUDENT
		Submit either handwritten and typed, or typed and signed versions.
12		STATEMENTS OF WITNESSES
		Submit either handwritten and typed, or typed and signed versions.
13		Mandatory document needed:
		STUDENT CODE OF CONDUCT ACKNOWLEDGEMENT FORM
14		Must include signatures of student and parent/guardian.
14		Mandatory document needed:
		METHOD USED BY SCHOOL ADVISING OF POLICY #5006 Highlight and document all methods used.
		Provide supporting documentation if applicable.
15		DISCIPLINE REPORTS/ STUDENT (A24, L27)
15		Only include pages pertaining to expellable incident.
16		ACADEMIC REPORTS / STUDENT (A12, 13, 14, 21, & 23)
10		Only include pages pertaining to expellable incident.
17		ATTENDANCE REPORT / STUDENT (A15)
18	1	Mandatory document needed:
10		COLLABORATIVE PROBLEM SOLVING TEAM MEETING REVIEW
		Must be typed and signed.
19		Mandatory document needed:
		PINNACLE Grade Summary Report for Date of Incident
20		VALID ALTERNATIVE PROBATIONARY CONTRACT
		Applicable if student is being recommended for expulsion for violation of a current and executed APC.

### CURRENT SCHOOL/COUNTY LETTERHEAD

Date:

TO: Michaelle Valbrun-Pope Executive Director Student Support Initiatives

FROM: Name of Principal School Name

### SUBJECT: REQUEST TO INITIATE STUDENT EXPULSION: Name of Student

I am hereby requesting that Expulsion Proceedings be initiated against the above referenced student for violation of School Board Policy # 5006. Specifically, the student is being charged for the following:

### [CLEARLY STATE THE CHARGE] (Include specific and complete language of Policy 5006)

A brief description of the incident leading to this recommendation and all pertinent documentation is included in the attached expulsion packet.

If you have any questions regarding the information contained herein, please do not hesitate to give me a call.

Attachments

### THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

### NAME OF SCHOOL

### NOTIFICATION OF RECOMMENDATION FOR EXPULSION

### DOCUMENTATION OF PARENT/GUARDIAN CONTACT

Student:(Name of Student)Parent/Guardian:(Name of Parent/Guardian)Address:(Address)Parent/Guardian Telephone:(Verified Telephone Number for Parent/Guardian)Date of Contact:(Date of Contact with and Notification to Parent/Guardian)

### SUMMARY OF CONFERENCE

### TYPE A BRIEF SUMMARY TO EXPLAIN THE FOLLOWING:

- 1. MEANS BY WHICH CONTACT WAS MADE WITH PARENT/GUARDIAN
- 2. DATE, TIME AND LOCATION OF CONTACT WITH AND NOTIFICATION TO PARENT/ GUARDIAN
- 3. PARENT/ GUARDIAN WAS INFORMED THAT STUDENT WAS PROVIDED WITH DUE PROCESS RIGHTS
- 4. PARENT/GUARDIAN WAS INFORMED OF STUDENT'S <u>SPECIFIC</u> ALLEGED VIOLATION, <u>SUSPENDED FROM SCHOOL</u> AND <u>RECOMMENDATION FOR</u> <u>EXPULSION</u>
- 5. PARENT/GUARDIAN WAS INFORMED THAT THEY WOULD BE CONTACTED BY A REPRESENTATIVE OF THE EXPULSION ABEYANCE OFFICE REGARDING A PRE-EXPULSION CONFERENCE

Name and Signature of Administrator Contacting Parent

Name and Signature of Witness (if Applicable)



# **Student Expulsion Case Data Sheet**

Student's Name:	
Student's ID Number:	
School Name:	
School's 4 Digit Number:	
Student's Grade:	
Student's Date of Birth:	
Student's Race:	
Student's Sex:	
Student's Home Address:	
City/Zip Code:	
Student's Home Phone Number:	
Parent/Guardian Names (Print) & Conta	ct Phone Numbers
Father (Print)	
Home Phone #	Work/Cell Phone #
Mother (Print)	
Home Phone #	Work/Cell Phone #
Guardian (Print)	
Home Phone #	Work/Cell Phone #



## **Chain of Possession of Evidence**

(SIGNATURES REQUIRED)

FROM	ТО	DATE	TIME
		. <u> </u>	
	·		



## **School Evidence Receipt**

A receipt should be given to the person from whom the evidence is obtained.

DESCRIPTION:

DATE AND TIME OBTAINED: \_\_\_\_\_

**OBTAINED BY:** 

Name and Title (Print)

<mark>Signature</mark>

**OBTAINED FROM:** 

Name and Title (Print)

**Signature** 



## **Evidence Report**

	(School)	
DESCRIPTION:		
WHERE FOUND:		
DATE & TIME OBTAINED:		
FROM WHOM:		
WITNESSES:		
OBTAINED BY:		
	(Name, Title and <mark>Signature</mark> )	
OBTAINED FROM:		

(Print Name)



**Administrator/School Official Statement** 

### (PLEASE TYPE)

NAME/TITLE: \_\_\_\_\_\_ DATE: \_\_\_\_\_

SCHOOL		?F:
JCHOOL.	1	

**STATEMENT:** 

THIS FORM SHOULD BE SIGNED AND SUBMITTED.

IF THIS FORM IS TRANSCRIBED FROM AN ORIGINAL HANDWRITTEN STATEMENT, THEN IT MUST BE TYPED VERBATIM.

PLEASE SUBMIT BOTH TYPED AND HANDWRITTEN COPIES.

PLEASE INCLUDE A WITNESS SIGNATURE IF APPLICABLE.

<mark>Signature</mark>

WITNESS: \_\_\_\_\_

Name / Title (Print)



### **Student Statement**

### (PLEASE TYPE)

NAME:	

SCHOOL:		

DATE:	

**STATEMENT:** 

THIS FORM SHOULD BE SIGNED AND SUBMITTED.

IF THIS FORM IS TRANSCRIBED FROM AN ORIGINAL HANDWRITTEN STATEMENT, THEN IT MUST BE TYPED VERBATIM.

PLEASE SUBMIT BOTH TYPED AND HANDWRITTEN COPIES.

<mark>Signature</mark>



### Witness Statement

(PLEASE ]	ГҮРЕ)
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RE:\_\_\_\_\_

**STATEMENT:** 

THIS FORM SHOULD BE SIGNED AND SUBMITTED.

IF THIS FORM IS TRANSCRIBED FROM AN ORIGINAL HANDWRITTEN STATEMENT, THEN IT MUST BE TYPED VERBATIM.

PLEASE SUBMIT BOTH TYPED AND HANDWRITTEN COPIES.

<mark>Signature</mark>

### <u>Methods Used to Inform Students</u> <u>Code of Conduct / School Board Policy 5006</u>

### ITEMS HIGHLIGHTED ON THIS PAGE ARE MANDATORY.

- 1. District curriculum lessons and student activities are implemented.
  - A. Date of District-approved student activities \_
  - B. Copy of completed District student activities
  - C. Copy of Student Acknowledgement Form
- Grade level assemblies are held to review the Code and Conduct.
   A. Date of grade level assemblies \_\_\_\_\_\_
- 3. Administrative meetings are held by grade level to reinforce implementation of the Code of Conduct throughout the school.
  - A. Date of administrative meetings with grade level \_\_\_\_\_
- 4. Periodic announcements are published in parent newsletters. A. Copy of pages from parent newsletters.
- 5. Posters are placed around the campus regarding Code of Conduct related information.
- 6. The Principal makes regular announcements regarding the Code of Conduct and enforcement of its guidelines.

### MTSS/RtI COLLABORATIVE PROBLEM SOLVING TEAM REVIEW

SCHOOL:		
STUDENT NAME:	STUDENT NUMBER:	
DATE OF BIRTH:	GRADE LEVEL:	
DATE OF MEETING:		
REFERRED BY:		
Please indicate which of the following documentation was reviewed to determine the final recommendation:		
<ul> <li>Previous Psychological Evaluation (if yes,</li> <li>Psychosocial Evaluation (if yes, please atta</li> <li>Discipline History</li> <li>Attendance Records</li> <li>L-27 Panel Interventions (Comments, Past a</li> <li>Academic History, Retention, Mobility, (Additional Academic History)</li> </ul>	and Present)	

\_\_\_\_ Other \_\_\_\_\_

**COMMENT SECTION: (Type Comments)** 

This form must be typed and signed.

#### MEETING ATTENDED BY: (PLEASE INCLUDE TITLE NEXT TO NAME) Recommended Members: Guidance Counselor, Social Worker, Psychologist, ESE Specialist

Print Name/Title/Signature	Print Name/ Title / Signature
Print Name/Title/Signature	Print Name/ Title / Signature
Print Name/Title/Signature	Print Name/ Title / Signature
Check below to indicate the Collaborative Probl	em Solving Team's recommendation:
RECOMMENDED FOR COMPREHENS	SIVE EVALUATION / RE-EVALUATION

<u>NOT</u> RECOMMENDED FOR COMPREHENSIVE EVALUATION / RE-EVALUATION