

RECOMMENDATION FOR STUDENT EXPULSION

South Bend Community School Corporation

TO: Superintendent of Schools

FROM: _____, Principal of _____ School

RE: After a careful review of all the information available to me in this case, I recommend that the below named student be considered for expulsion from school. Pursuant to the School Behavior Policy of the Board of School Trustee, the South Bend Community School Corporation. (Adopted November 18, 1985).

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Student Name	Student Code Number
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First	Last
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Grade	Parent Telephone No	Birthdate	Sex	Race Code
	Home:			
	Work:		M F	1 2 3 4 5

Street Address (Zip Code) Parent(s)/Guardian(s) Name

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List Code(s) of Conduct Allegedly Violated

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Date and Time of Incident	Who will present school's position? (Name)
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Eyewitnesses to Incident	Student/Teacher/Other	Testify for SBCSC
1. _____	_____	Yes___ No___
2. _____	_____	Yes___ No___
3. _____	_____	Yes___ No___
4. _____	_____	Yes___ No___

Resume of Conference (include persons present)

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Special Education Student: Yes___ No___ Request for Causal Date_____

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When was parent informed that an Expulsion would be requested?

Date _____ Method _____

Other (Explain)

Previous Efforts (e.g. counseling, referrals to agencies, pupil personnel, etc.)

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Health and Psychological Services Referrals

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Parent Conferences

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Relevant Additional Information

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Forward one copy to Superintendent
(only) as supplementary information
accompanying letter recommending
expulsion.

Signed: _____

Date: _____