

**DAVIS SCHOOL DISTRICT**  
**CASE MANAGEMENT TEAM REFERRAL**

**Fax # 402-5308**

SCHOOL \_\_\_\_\_

Student \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade \_\_\_\_\_

Parent(s) \_\_\_\_\_ Student # \_\_\_\_\_

Address \_\_\_\_\_ Home Phone # \_\_\_\_\_

\_\_\_\_\_ Work Phone # \_\_\_\_\_

**Violation of Student Conduct Code:** \_\_\_\_\_

*Attach:*  Complete Narrative Of Incident  Witness Statements  Letter To Parent(s)

Transcript  Term Progress Report  Attendance  Discipline History

Local Case Management Notes

**Possible Sanctions:**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**\*\* Note: The Case Management Team has the authority under District policy and state law to expel a student for a period longer than ten school days. \*\***

**Administrator and/or Local Case Management Team Recommendations:**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**School Outcome(s)**

Previous Interventions Tried At The School Level:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Out Of School Suspension

With Homework  Without Homework Date Suspended: \_\_\_\_\_

Referred to Law Enforcement Date: \_\_\_\_\_ Officer: \_\_\_\_\_  
Charges: \_\_\_\_\_ Case #: \_\_\_\_\_

**DUE PROCESS CONSIDERATIONS:**

DATE

\_\_\_\_\_ Parent Contacted By: \_\_\_\_\_  
\_\_\_\_\_ Student and Parent(s) have been given an opportunity to meet with a school administrator  
\_\_\_\_\_ Allegations explained  
\_\_\_\_\_ Possible Disciplinary Sanctions explained  
\_\_\_\_\_ Parents were given an opportunity to respond to the allegations and possible disciplinary actions with school administrator  
\_\_\_\_\_ Case Management process explained to parents  
\_\_\_\_\_ Parent comment form and brochure given to parents to respond at district level.

**CURRENT SERVICES:**

Student is eligible for **SPECIAL EDUCATION**. Services are: \_\_\_\_\_

- |   |                 |   |
|---|-----------------|---|
| <input type="checkbox"/> I.E.P. Team has reviewed this Incident | Date met _____  | <input type="checkbox"/> Signed anecdotal record attached |
| <input type="checkbox"/> Manifestation Hearing has been held    | Date held _____ | <input type="checkbox"/> Manifestation results attached   |

Student has a **SEC. 504** Plan. Describe: \_\_\_\_\_

- |   |                 |   |
|---|-----------------|---|
| <input type="checkbox"/> Manifestation Hearing Held | Date held _____ | <input type="checkbox"/> Manifestation results attached |
|---|-----------------|---|

Student receiving **E.S.L.** Services.

- Materials in (Student/Parent) native languages have been provided

**REQUIRED SIGNATURES:**

ADMINISTRATOR \_\_\_\_\_ Date: \_\_\_\_\_

STUDENT \_\_\_\_\_ Date: \_\_\_\_\_

PARENT \_\_\_\_\_ Date: \_\_\_\_\_