Wakulla County Schools

ESE SUSPENSION NOTICE

Student' s Name:_____School:_____Date:_____

Student ID #:_____Grade:_____Teacher:_____Sex:____Race:_____

Parent' s Name:_____Address:_____Phone #_____

ESE Primary Program:_____

Does IEP indicate that the student follow the Wakulla County Schools Student Code of Conduct? ☐ Yes ☐ No

Is this an emergency suspension? ☐ Yes ☐ No If yes, is meeting scheduled within two days? ☐Yes ☐ No

A copy of the current IEP is attached. ☐ Yes ☐ No

SPECIFIC DESCRIPTION OF RULE VIOLATION

Description:

Dates of Suspension: From_____ Through_____ Number of days:_____

Type of Suspension: ☐ Out-of-school ☐ In-School (exclusion from instruction) ☐ Bus (FAPE)

Cumulative days suspended (including this suspension) this year:_____ _____

Date for review of Student IEP

Total number of suspensions (including this suspension) this year:_____

For a student suspended for emergency suspension, convene an IEP meeting within 2 days. For a regular suspension, more than ten days cumulative or a pattern of exclusion in one year, a staffing committee must review the student's IEP before the suspension is up or before the student returns.

You may wish to have a conference with the principal regarding this suspension to discuss the infractions and actions noted above. We are certain that you, as parents, are concerned about your child's behavior at school and we welcome your cooperation and willingness to assist in the appropriate resolution of this situation.

I will be in my office during normal school hours if you care to discuss the suspension with me.

_____

Signature of Administrator Date

CONDITIONS OF SUSPENSION

When student is suspended for out-of-school suspension he/she is NOT to:

a Attend any school function
b Enter upon any school campus
c Ride upon any Wakulla County School Bus

When a student is suspended from riding the school bus, his/her absence from school is NOT excused.

WMIS ES2015