



# West Irondequoit Central School District

321 LIST AVENUE  
ROCHESTER, NEW YORK 14617  
Telephone: (585) 342-5500  
FAX: (585) 266-1556  
www.westirondequoit.org

## PROGRAM ADHERENCE FOR POSSIBLE SUSPENSION REDUCTION AGREEMENT IHS STUDENTS Form 7320

**Re:** [STUDENT FIRST AND LAST NAME]

[DATE]

To the Parent or Guardian of [STUDENT FIRST AND LAST NAME]:

On [SUPERINTENDENT HEARING DATE] your child, [STUDENT FIRST AND LAST NAME] was found guilty of charges at a Superintendent's hearing connected to Board of Education policy 7320 and the period of suspension is for [NUMBER OF WEEKS OF SUSPENSION] weeks.

Pursuant to regulation 7320R, "At the discretion of the Superintendent, IHS students who commit to a prescribed program may have the period of suspension reduced, depending on when the program begins and on how well the student adheres to it.

The Substance Abuse Counselor will monitor the prescribed program, which will include the following components:

1. At least one (1) meeting per week with the Substance Abuse Counselor during the suspension and continue for twenty (20) weeks once the student returns to school with the Substance Abuse Counselor and/or School Counselor.
2. Evaluation by an outside accredited drug/alcohol agency and involvement in an accredited agency-sponsored treatment program if any is prescribed. The student and his/her family are required to sign appropriate releases to afford the treatment agency the ability to report the results of the evaluation and treatment outcomes to the Substance Intervention Counselor.
3. A prescribed program of intervention that includes academic support, community service, and life skills training using the following guidelines:
  - a. No less than two (2) hours daily of academic support through a licensed tutor/teacher hired by the district.
  - b. Community Service consisting of no less than thirty-five (35) total hours during the period of suspension.
  - c. Mentoring possibilities using viable candidates as designated by school personnel.
4. Good school behavior within the intervention support period: attendance in classes and at tutoring; completion of homework; responsible behavior, etc.

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5. At least one (1) random drug screen, spaced throughout the suspension, showing the student is drug-free prior to returning to school.
6. Participation in the Rochester City Drug Treatment Court or an education/prevention program.

Throughout the period of suspension, your child must remain engage in alternate instruction and maintain good academic standing.

Sincerely,



Aaron Johnson, Ed.D, Superintendent of Schools

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*Signing this agreement does not automatically shorten the duration of the suspension. Your child's participation in the program will be supportive in deciding to shorten the duration of the suspension. The Substance Abuse Counselor will provide building administration updates on your child's program completion. In the event your child does not comply with the program expectations, your child's suspension will not be shortened. The building administration will review the student's progress to determine if the suspension period will be shortened with the first possible date of review included below.*

The principal or their designee and the Substance Abuse Counselor have reviewed the program requirements in a meeting with the students and their parent/guardian on **[DATE]**.

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Student's Name (Print)

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Student's Signature

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Date

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Parent/Guardian's Signature

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Relationship to the Child

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Parent/Guardian's Signature

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Relationship to the Child

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Principal's Signature

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Counselor Signature

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Date of earliest review: **[DATE]**

C: **SUPERINTENDENT**  
**COUNSELOR**  
**PRINCIPAL**  
**ASSISTANT PRINCIPAL**

***“West Irondequoit Schools Are Community Schools”***

Effective 4/11/2022  
 Revised 2/15/2023



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## **PROGRAM ADHERENCE FOR POSSIBLE SUSPENSION REDUCTION AGREEMENT Dake STUDENTS Form 7320**

**Re:** [STUDENT FIRST AND LAST NAME]

[DATE]

To the Parent or Guardian of [STUDENT FIRST AND LAST NAME]:

On [SUPERINTENDENT HEARING DATE] your child, [STUDENT FIRST AND LAST NAME] was found guilty of charges at a Superintendent's hearing connected to Board of Education policy 7320 and the period of suspension is for [NUMBER OF WEEKS OF SUSPENSION] weeks.

Pursuant to regulation 7320R, "At the discretion of the Superintendent, Dake students who commit to a prescribed program may have the period of suspension reduced, depending on when the program begins and on how well the student adheres to it.

The Substance Abuse Counselor will monitor the prescribed program, which will include the following components:

1. At least one (1) meeting per week with the Substance Abuse Counselor during the suspension and continue for fifteen (15) weeks with the Substance Abuse Counselor and/or School Counselor once return to school.
2. Evaluation by an outside accredited drug/alcohol agency and involvement in an accredited agency-sponsored treatment program if any is prescribed. The student and his/her family are required to sign appropriate releases to afford the treatment agency the ability to report the results of the evaluation and treatment outcomes to the Substance Intervention Counselor.
3. A prescribed program of intervention that includes academic support, community service, and life skills training using the following guidelines:
  - a. No less than two (2) hours daily of academic support through a licensed tutor/teacher hired by the district.
  - b. Community Service consisting of no less than twenty-five (25) total hours during the period of suspension.
  - c. Mentoring possibilities using viable candidates as designated by school personnel.
4. Good school behavior within the intervention support period: attendance in classes and at tutoring; completion of homework; responsible behavior, etc.
5. At least one (1) random drug screen, spaced throughout the suspension, showing the student is drug-free prior to returning to school.
6. Participation in the Rochester City Drug Treatment Court or an education/prevention program.

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Throughout the period of suspension, your child must remain engaged in alternate instruction and maintain good academic standing.

Sincerely,



Aaron Johnson, Ed.D, Superintendent of Schools

*Signing this agreement does not automatically shorten the duration of the suspension. Your child's participation in the program will be supportive in deciding to shorten the duration of the suspension. The Substance Abuse Counselor will provide building administration updates on your child's program completion. In the event your child does not comply with the program expectations, your child's suspension will not be shortened. The building administration will review the student's progress to determine if the suspension period will be shortened with the first possible date of review included below.*

The principal or their designee and the Substance Abuse Counselor have reviewed the program requirements in a meeting with the students and their parent/guardian on **[DATE]**.

Student's Name (Print)	
Student's Signature	Date
Parent/Guardian's Signature	Relationship to the Child
Parent/Guardian's Signature	Relationship to the Child
Principal's Signature	Counselor Signature

Date of earliest review: **DATE**

- C: **SUPERINTENDENT**
- COUNSELOR**
- PRINCIPAL**
- ASSISTANT PRINCIPAL**

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## **PROGRAM ADHERENCE FOR POSSIBLE SUSPENSION REDUCTION AGREEMENT Iroquois and Rogers STUDENTS Form 7320**

**Re:** [STUDENT FIRST AND LAST NAME]

[DATE]

To the Parent or Guardian of [STUDENT FIRST AND LAST NAME]:

On [SUPERINTENDENT HEARING DATE] your child, [STUDENT FIRST AND LAST NAME] was found guilty of charges at a Superintendent's hearing connected to Board of Education policy 7320 and the period of suspension is for [NUMBER OF WEEKS OF SUSPENSION] weeks.

Pursuant to regulation 7320R, "At the discretion of the Superintendent, Iroquois and Rogers students who commit to a prescribed program may have the period of suspension reduced, depending on when the program begins and on how well the student adheres to it.

The Substance Abuse Counselor will monitor the prescribed program, which will include the following components:

1. At least one (1) meeting per week with the Substance Abuse Counselor and/or School Counselor during the suspension and continue for ten (10) weeks once return to school.
2. Consultation with medical provider to determine possible outside supports.
3. A prescribed program of intervention that includes academic support, community service, and life skills training using the following guidelines:
  - a. No less than two (2) hours daily of academic support through a licensed tutor/teacher hired by the district.
  - b. Successful completion of a community service project.
  - c. Mentoring possibilities using viable candidates as designated by school personnel.
4. Good school behavior within the intervention support period: attendance in classes and at tutoring; completion of homework; responsible behavior, etc.

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Sincerely,



Aaron Johnson, Ed.D, Superintendent of Schools

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The principal or their designee and the Substance Abuse Counselor have reviewed the program requirements in a meeting with the students and their parent/guardian on **[DATE]**.

_____ Student's Name (Print)	
_____ Student's Signature	_____ Date
_____ Parent/Guardian's Signature	_____ Relationship to the Child
_____ Parent/Guardian's Signature	_____ Relationship to the Child
_____ Principal's Signature	_____ Counselor Signature

Date of earliest review: **DATE**

C: **SUPERINTENDENT  
COUNSELOR  
PRINCIPAL**

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