

SPECIAL EDUCATION DISTRICT OF LAKE COUNTY

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Valerie M. Donnan, Ed.D.
Superintendent

LONG TERM OUT-OF-SCHOOL SUSPENSION (4-10 DAYS)

Date: _____

Dear Parent(s)/Guardian(s):

Illinois law requires a School District to provide the following information to a parent/guardian of a child who is suspended from school due to an act of gross disobedience or misconduct.

Student _____ Incident Date _____

Student handbook rule(s) and/or Board policy violated: _____

Date and time of pre-suspension conference with student: _____

(If this conference was not held because the student's conduct posed an immediate danger to persons or property, list the date and time the pre-suspension conference will be conducted.)

Date(s) of suspension: _____

Date student is eligible to return to school: _____

Description of incident: *(List all pertinent information (date, time, location) regarding the specific act(s) of gross disobedience or misconduct resulting in the decision to suspend.)*

Rationale for the specific duration of the suspension:

It has been further determined that: *(At least one of the following must be completed.)*

I. Your child's continued presence at school poses a threat to school safety of other students, staff, or members of the school community. Due to the egregious nature of your child's conduct (i.e., physical harm, violence, threat) and/or the history or record of your child's past conduct, school officials have determined that your child is likely to engage in similar conduct in the future. These determinations include, but are not limited to, one or more of the following additional reasons: *(List explanation below.)*

II. Your child's continued presence at school substantially disrupts, impedes, or interferes with the operation of the school. Due to the egregious nature of your child's conduct (i.e., physical harm, violence, threat) and/or the history or record of your child's past conduct school, officials have determined that (a) your child is likely to engage in similar conduct in the future, and/or (b) the presence of your child at school will foster a culture that his or her behavior(s) at school is/are acceptable or tolerated. These determinations include, but are not limited to, or more of the following: *(List explanation below.)*

The school is required to make all reasonable efforts to resolve threats or disruptions and minimize the length of out-of-school suspensions. To this end, the following behavioral and disciplinary interventions have been exhausted *(List all behavioral and disciplinary interventions and resources previously utilized to address the student's behavior or indicate if there are no appropriate and available interventions and resources. Examples of behavioral and disciplinary interventions include but are not limited to any previous correspondence with parents or guardians about the behavior, check-in/check-out, functional behavioral analysis (FBA), behavioral improvement plan (BIP), social academic instructional group (SAIG), in-school suspension, out-of-school suspension and/or other interventions and resources.)*

During the period of suspension, your child may not be present at school, on grounds owned or controlled by the School District or at any School District activity. Failure to comply with this directive constitutes a trespass and will be dealt with accordingly.

Your child will be given an opportunity to complete missed assignments or work missed during the suspension for equivalent academic credit.

Students that are suspended out-of-school for longer than four (4) days must be provided with appropriate and available support services during the period of suspension. The following support services are available to your child: *(Note that this requirement only applies to students who are suspended out-of-school for 5 through 10 school days. List all support services or indicate if no support services are appropriate and available.)*

To discuss this matter, you may contact the Building Principal. Alternatively, you have the right to have the suspension reviewed by the District of Residence Board of Education or a hearing officer acting on the Board's behalf. To schedule a Board hearing, please send a written request within ten (10) calendar days to your District of Residence Superintendent.

Sincerely,

SPECIAL EDUCATION DISTRICT
OF LAKE COUNTY

SEDOL Administrator

Cc: Superintendents: SEDOL & District of Residence
District Coordinator _____ Phone _____
Student ID# _____