



**Student Hearing and Placement Department
(SHPD-F001)**

Central Behavior Review Check List

- 1. Number each page of packet in numerical order in bottom right hand corner**
- 2. Complete the SST process (Plan must be implemented for no less than 4-6wks)**
- 3. Complete the Central Behavior Review Request (SHPD-F003) Form**
The school site Administrator identifies:
 - a) Education Code Violation initiating this Behavior Review
 - b) Identify the total number of days of out of school suspensions (minimum of at least 10 days)
 - c) Special Education Program, if applicable
 - d) Student demographic information is current
 - e) Completion of Purpose of Review with site recommendation
- 4. Call the SHPD Director to schedule an appointment**
- 5. School site Administrator notifies parents of Behavior Review appointment**
- 6. Place Central Behavior Review documents in the following order:**
 - a) Central Behavior Review Request Form (SHPD-F003)
 - b) Discipline Records (SASI/ Zangle report DIS01)
 - c) Copies of Suspension rev8 forms with signature
 - d) Pictures of evidence, if applicable
 - e) SST notes and plan
 - f) Completed Behavior Intervention Checklist (SHPD-F002)
 - g) Documentation of accommodations as stated on the Behavior Intervention Checklist (SHPD-F002), if applicable
 - h) Academic Data (e.g. report cards, transcripts, test scores, etc.)
 - i) Teacher(s) Progress Reports (SHPD-F004)
 - j) Attendance Data (Zangle/ SASI attendance reports, elementary ATD42 and secondary ATP13)
 - k) SART or SARB contracts
- 7. If Special Education student, additional documents are:**
 - a) IEP- completed within 12 months
 - b) Manifestation Determination
 - c) Positive Behavior Support Plan implementation for at least 4 to 6 weeks
- 8. Pull CUM, Health and Special Education files to be brought to the hearing**
- 9. Present four (4) copies of the packet which will be distributed in the following order:**
 - a) 1 (original) for the Director III of SHPD
 - b) 1 (copy) for the Director 1 of SHPD
 - c) 1 (copy) for the school site administrator
 - d) 1 (copy) for the parent(s) (omit all other students names)
- 10. Verify that statements made by teachers and school personnel are signed and dated**
- 11. Check for spelling, grammatical content and professional quality of all documents presented**

***Note: The school will arrange for a translator if the parent(s) are in need or if they request translation assistance**

**Student Hearing and Placement Department
(SHPD-F003)**

**5735 47th Avenue, Box 760A
Sacramento, CA 95824**

Public Line (916) 643-9425

Fax Number (916) 643-2125

*All Requested Information (blanks) must be completed

CENTRAL BEHAVIOR REVIEW REQUEST

VIOLATION OF CONTRACT

School: CBA Elementary School Telephone: Cellular Telephone: 916 222-2222

Special Education Program: None DIS RSP SDC LD ED SH

Date of IEP: _____
(attach copy)

If an alternative placement is going to be considered, does the IEP support it?
 Yes No

504 Plan: Yes No

If yes, date of initial plan:
(attach copy)

Date of SST:
(attach copy)

Manifestation Determination:
01/09/08
(attach copy)

Positive Behavior Plan or Functional Analysis: Yes No
Date Plan was recommended:
(attach copy)

“Any Student receiving Special Education services and who is being considered for a Central Behavior Review at the SFSS Department must have a Positive Beha

SAMPLE



SACRAMENTO CITY UNIFIED SCHOOL DISTRICT
NOTICE OF SUSPENSION

A COPY OF EDUCATION CODE 48900 REASONS FOR SUSPENSION IS INCLUDED ON THE BACK OF THIS FORM

DETAILS OF INCIDENT

Date: 11/02/05 Time: 10:25 a.m.

INCIDENT LOCATION

On Campus

REPORTING INCIDENT

Name: Tracy Lee Title: Instructional Aide

SUMMARY OF INCIDENT: John hit another student. Continual disruption an

SAMPLE

SACRAMENTO CITY UNIFIED SCHOOL DISTRICT
NOTICE OF SUSPENSION

A COPY OF EDUCATION CODE 48900 REASONS FOR SUSPENSION IS INCLUDED ON THE BACK OF THIS FORM

DETAILS OF INCIDENT Date: 11/18/05 Time: 9:00 a.m.	INCIDENT LOCATION On Campus	REPORTING INCIDENT Name: Shirley Booth Title: Food Asst.	
SUMMARY OF INCIDENT: John hit a female student in the back of the head in the cafeteria.			
DATES SUSPENDED: Beginning: 11/21/05 Through: 11/22/05 To return on: 11/28/05			
Number of days suspended for this offence: 2 Total number of days suspended this year including this one: 4			
Dear Parent(s)/Guardian(s): This suspension is in compliance with Education Code Section §48900. The suspension has been discussed with your student and he/she has been given an opportunity to explain his/her side of the incident. If a conference has been requested, please make every effort to attend. Under state law, you are required to respond to this request without delay. If you wish, you and your student may review his/her record as provided in Education Code 49069. Make-up work and/or tests may be provided for your student, if requested, for the period of suspension. If you feel the suspension is inappropriate and have discussed your concerns with the school principal, you may appeal the suspension by contacting, in writing, the Student Hearing and Placement Department at 5735 47th Avenue, Sacramento, CA 95824. PLEASE NOTE: During the school day, your student shall not be on or near the school campus. Supervision is the responsibility of the parent/guardian during the suspension.			
SUSPENDED BY:			
Ms. Mary Garcia	Principal	(916) 123-4567	Mary Garcia
<i>Name (Please Print)</i>	<i>Title</i>	<i>Telephone</i>	<i>Signature</i>

SACRAMENTO CITY UNIFIED SCHOOL DISTRICT
NOTICE OF SUSPENSION

A COPY OF EDUCATION CODE 48900 REASONS FOR SUSPENSION IS INCLUDED ON THE BACK OF THIS FORM

DETAILS OF INCIDENT

Date: 01/23/06 Time: 8:45 a.m.

INCIDENT LOCATION

On Campus

REPORTING INCIDENT

Name: Grace Bond Title: Teacher

SUMMARY OF INCIDENT: John was in possession of a look alike weapon.

DATES SUSPENDED:

Beginning: 01/24/06 Through: 01/26/06 To return on: 01/27/Tmlr06

SAMPLE

SACRAMENTO CITY UNIFIED SCHOOL DISTRICT
NOTICE OF SUSPENSION

A COPY OF EDUCATION CODE 48900 REASONS FOR SUSPENSION IS INCLUDED ON THE BACK OF THIS FORM

DETAILS OF INCIDENT

Date: 03/21/06 Time: 7:55 a.m.

INCIDENT LOCATION

On Campus

REPORTING INCIDENT

Name: Tim Jones Title: Custodian

SUMMARY OF INCIDENT:

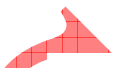
			Mary Garcia
Name (Please Print)	Title	Telephone	Signature

SAMPLE



Student Study Team Information Sheet

Date: 10/7/05



Student Study Team

Teacher: Helen Greentree

School: CBA Elementary

Team: SST

Primary Language: English

Student: John Smith

Parent: Mary Smith

Grade: 3

D.O.B. 09/07/97

Male

Female

STRENGTHS	KNOWLEDGE AND INFORMATION	CONCERNS (PRIORITIES)	QUESTIONS	STRATEGIES (BRAINSTORM)	ACTIONS (PRIORTIZE)	RESPONSIBILITY
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**Student Hearing and Placement Department
(SHPD-F002)**

Behavior Intervention Checklist

(Check one)

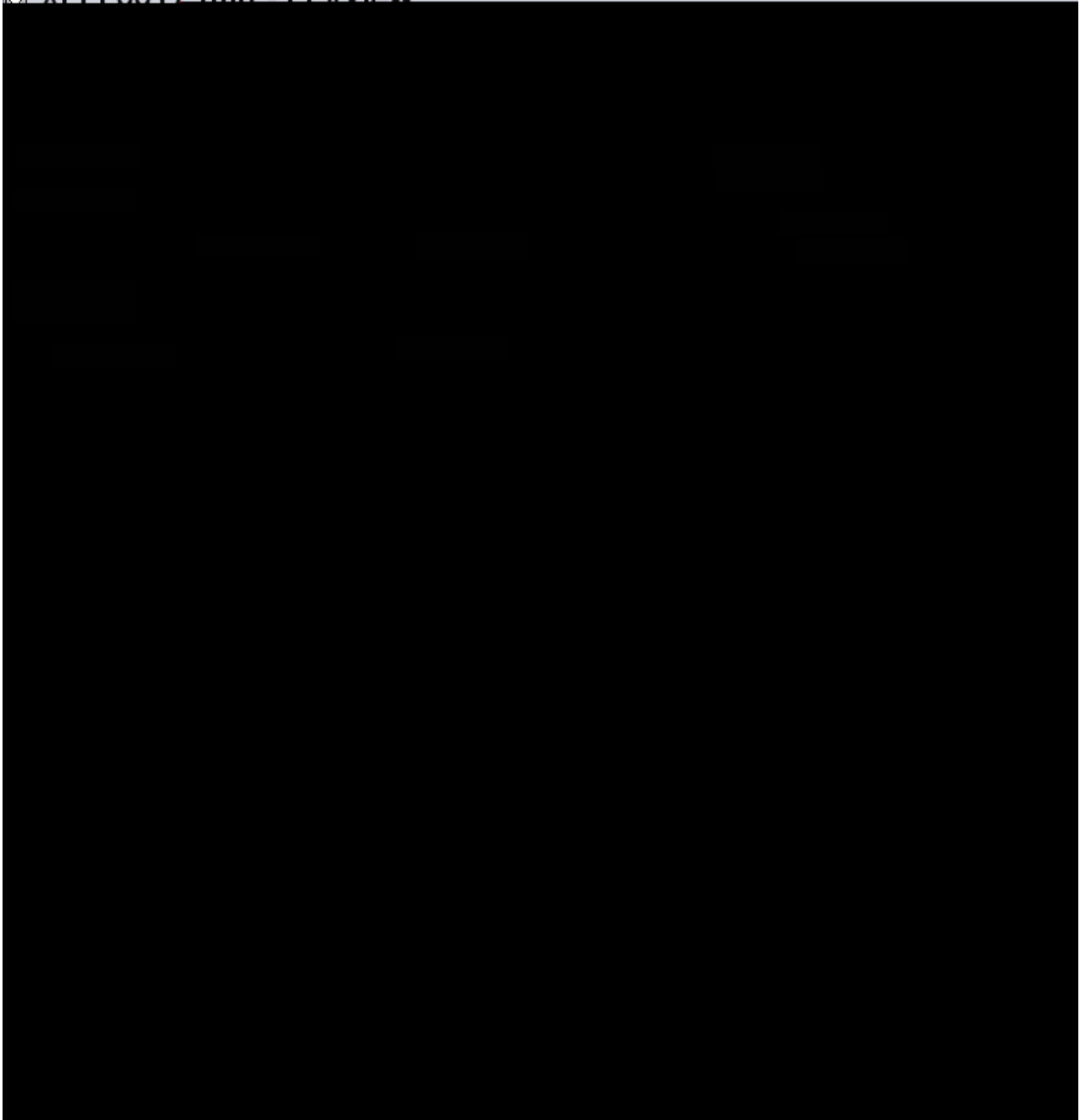
- | | |
|---|---|
| <input checked="" type="checkbox"/> Behavior Review/Violation of Contract | <input type="checkbox"/> SARB |
| <input type="checkbox"/> Pre Expulsion/Expulsion | <input type="checkbox"/> SARB Violation of Contract |
| <input type="checkbox"/> SARB and Behavior | |

DOCUMENTATION MUST BE PROVIDED

School Site: <u>CBA Elementary School</u>	Student Number: <u>01234567</u>		
Student Name: <u>John Smith</u>	Grade: 3	Ethnicity: 700	DOB: <u>09/07/97</u>
Date Completed: _____	(select drop down grade)	(select drop down ethnicity)	

<input checked="" type="checkbox"/> Referral to School Study Team (Student Success Team) at school site:	Date: <u>11/04/07</u>
<input type="checkbox"/> 504 Plan:	Date: _____
<input type="checkbox"/> Special Education - Manifestation Determination Meeting:	Date: _____
<input type="checkbox"/> Special Education - Positive Behavior Support Plan:	Date: _____
or	
<input type="checkbox"/> Special Education - Functional Analysis:	Date: _____
<input type="checkbox"/>	

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SAMPLE

04/20/07
11:18

██████████ Elementary
STUDENT ATTENDANCE

ATD42
Page 1

From 09/04/06 Thru 04/20/07

Student: ██████████ Grade: ██████ Teacher:9 ██████████

Mth	Date	Mon	Tue	Wed	Thu	Fri	Date	Mon	Tue	Wed	Thu	Fri	Date	Mon	Tue	Wed	Thu	Fri	Date	Mon	Tue	Wed	Thu	Fri
1	09/04	N/E	N/E	-	-	-	09/11	-	TDY	-	-	-	09/18	-	-	<30	<30	<30	09/25	-	-	<30	-	<30
2	10/02	<30	<30	-	-	<30	10/09	<30	<30	UNX	-	-	10/16	-	-	<30	<30	SUS	10/23	SUS	TDY	-	-	<30
3	10/30	-	-	-	-	ABS	11/06	-	-	-	-	HOL	11/13	-	-	-	-	-	11/20	<30	-	HOL	HOL	HOL
4	11/27	-	-	-	-	-	12/04	-	-	-	-	-	12/11	<30	-	-	<30	-	12/18	-	-	-	-	-
5	12/25	HOL	HOL	HOL	HOL	HOL	01/01	N/E	N/E	N/E	N/E	N/E	01/08	-	-	TDY	TDY	UNX	01/15	HOL	-	-	-	SUS

██████████

██████████

██████████

Unexcused Absences: 14

Days Present: 122

Total for Each Reason Code:

AB	CRS	BD	ERT	DS	SAT	OTH	PR	SUS	TDY	UNX	VP	TOT	<30
5	0	0	0	0	0	0	0	10	6	4	0	0	28

SAMPLE

