

# STUDENT REMOVAL FORM

\*Event Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (mm/dd/yy) \*Student-ID (SID) #: \_\_\_\_\_  
\*Student's Last Name: \_\_\_\_\_ \*First Name: \_\_\_\_\_  
\*Official or Subject Class: \_\_\_\_\_ \*Grade: \_\_\_\_\_

Special Education Classification and IEP; BIP; or 504 Accommodation Plan:

## \*Teacher Measures Previously Taken:

<input type="checkbox"/> Warnings to Student _____	Date(s): _____	<input type="checkbox"/> Classroom Measures _____	Date(s): _____
<input type="checkbox"/> Student Conference _____		<input type="checkbox"/> Parent Contact _____	
<input type="checkbox"/> Guidance Referral _____		<input type="checkbox"/> Prior Removal(s) _____	

Description of event: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

(Give factual account and indicate how the student's behavior substantially disrupted the class or substantially interfered with the teacher's authority.)

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Teacher's educational plan for student during period of removal (class work, homework, etc.):

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Teacher's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

\*No. of days of removal: \_\_\_\_\_ \*Set aside (circle one):            yes            no

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

Principal's Name: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_

Comments: \_\_\_\_\_

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\*The information designated with an asterisk is required for ATS entry.