



DHS Early Reintegration from Suspension Form 2017-18

Student Name: STUDENT A Student ID: 123456

PART 1. Early Reintegration Agreed to by _____

PART 2. ASSESSMENT & RECOMMENDATION Date of Meeting: _____

A. Student's Current Year Discipline:

| | | |
|--------------------|------------------------------------|--|
| # of Referrals = 1 | # Days of In School Suspension = 0 | # Days of Out of School Suspension = 6 |
|--------------------|------------------------------------|--|

| Additional Student Information | Yes | No | Start Date | Notes/Comments |
|----------------------------------|-----|-----------|------------|----------------|
| I.E.P. and/or 504 | | <u>No</u> | | |
| Behavior Plan | | <u>No</u> | | |
| Tier II or Tier III Intervention | | <u>No</u> | | |
| Active Truancy Court | | <u>No</u> | | |
| Other Programs (Wellness, etc.) | | <u>No</u> | | |

B. PRIOR TO REINTEGRATION. The following people were present at the GUARDIAN/ADMIN meeting:

| Title/Role | Printed Name | Signed Name |
|-----------------|--------------|-------------|
| Parent/Guardian | | |
| Student | | |
| Administrator | | |
| Counselor | | |
| ISS Coordinator | | |
| Other: | | |

PART 3. ACTIONS

Reintegration Plan

| Date(s) & Time(s) | Participant(s) | Facilitator(s) | Tasks to Be Completed | Completed? |
|-------------------|--------------------------------------|--------------------------------------|--|--|
| M-D-Y | <u>STUDENT B</u> | | 2.1: Understanding the Teenage Brain 2.5: Diffusing Anger 3.8: Responding to Conflict | Yes <input type="radio"/> No <input checked="" type="radio"/> Intls: [redacted] |
| M-D-Y | <u>STUDENT A</u> <u>STUDENT B</u> | <u>TEACHER A</u> <u>TEACHER B</u> | Conflict Resolution and Mediation | Yes <input checked="" type="radio"/> No <input type="radio"/> Intls: [redacted] |
| M-D-Y | <u>STUDENT A</u> <u>STUDENT B</u> | | Incident Reflection and Next Steps - What happened? - What was your role in the conflict? - What could you have done differently? - What is your plan moving forward? - Do you think the situation is resolved? | Yes <input checked="" type="radio"/> No <input type="radio"/> Intls: [redacted] |

PART 4. REVIEW OF PROCESS Completed Form Accepted By:

| Title | Printed Name | Signed Name | Date |
|-----------------|---|----------------|-----------|
| RECOMMENDATIONS | Return to regular class schedule? <u>Y</u> N | TIER: I II III | COMMENTS: |

Copies To:

- Discipline Office
- Student File/Record
- Parent/Guardian

Incident Reflection and Next Steps

1. What happened?

After 1st period, **STUDENT B** and **STUDENT C** was waiting by the library and I walked around the rotunda then my cousin said watch out so I squared up with **Student B** and we fought.

2. What was your role in the conflict/incident?

Fighter

3. What could you have done differently?

walked away and ~~also~~ avoided the situation.

4. What is your plan moving forward?

Focusing on my school work.

5. Do you think/feel that the situation is resolved? Why?

Yes, there wasn't a big issue, after this.