Appendix F: **OUT-OF-SCHOOL SUSPENSION CHECKLIST**

School Checklist

DATE c.c.: **OUT-OF-SCHOOL SUSPENSIONS**

(To be completed as soon as possible after an out-of-school suspension takes place.)

STUDENT FIRST AND LAST NAME	GRADE	GRADE DATE OF S		IN-SCHOOL SUSPENSION WAS CONSIDERED			
					YES □	NO □	
TOTAL NUMBER OF <u>DAYS</u> SUSPENDED <u>SUSPENSION</u> :	FROM SCHOOL	FOR <u>THIS</u>	TOTAL NUM SCHOOL YEA		DAYS SUSF	PENDED	IN TH
$1 \square 2 \square 3 \square 4 \square 5 \square$ Suspension ϵ	extended >5 days	П	1-3 \(\text{ 4-6 } \(\(\text{ \(\) \\ \end{ \(\text{ \(\) \\ \end{ \(\) \\ \\ \end{ \(\) \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\		14 □ 15-18	□ 19-2	22 🗆 🗆
TOTAL NUMBER OF <u>IN-SCHOOL</u> SUSPE			26 □ 27-30*		11 13 13		<u> </u>
YEAR:							
1 \square 2 \square 3 \square > 3 \square TOTAL NUMBER OF <u>OUT-OF-SCHOOL</u> S	HEDENSTONS IN	THIC	*As per Section should total no i				
SCHOOL YEAR:	OSP ENSIONS IN	11113	where approved				
1 🗆 2 🗆 3 🗆 > 3 🗆							
Notification of suspension letter, include to parent/guardian:	ding notification	of their righ	nt to appeal, ha	s been sen	t YES 🗆	NO □	N/A □
Incident report has been completed and included in confidential file:					YES □	NO □	N/A □
Copy of suspension letter and related documentation has been sent to (1) Assistant Director of Programs and (2) Senior Education Officer (Student Support Services) *Please note that the					YES □	NO □	N/A □
of Programs and (2) Senior Education (suspension letter should normally only be copied					t		•
to the AD Programs and the Senior Education O	Officer (SSS).						
Suspension Exceeding 5 days Received	ı Prior Approval	or Assistant	Director of Pro	grams:	YES □	NO □	N/A □
Parent/guardian has been contacted by phone.					YES 🗆	NO □	N/A □
-							
A post-suspension meeting with the parent/guardian and student has been scheduled.					YES □	NO 🗆	N/A □
Student and parent/guardian have been made aware that class materials/ homework are available to the student:					YES 🗆	NO 🗆	N/A □
Re-entry plan has been developed to fa	acilitate the stud	lent's succes	ssful return to	school:	YES □	NO □	N/A □
For serious, aggressive and repetitive i including a response protocol for any for				(BMP),	YES □	NO □	N/A □
Student Support Services Involved:		•			YES □	NO □	N/A □
(i.e. guidance counselor, educational psychologist, program specialist) Where there has been potential criminal activity, police have been contacted:					YES 🗆	NO □	N/A □
•							
Referrals have been made to external a (e.g. Mental Health and Addictions, Community		FS, HRLE)			YES □	NO □	N/A □
COMMENTS (CONTINUE ON BACK AS N		. o, mnde)			I		
SCHOOL ADMINISTRATOR	SIGNATURE						
MPLETED:							