Section 9-Forms

- A-1 Manifestation Special Education/504 Student Suspension Form
- Alternative School Program Form
- Alternative School Transition Plan
- Appeal or Mitigation Process
- Case Management Form
- Compliance Verification Form
- Criminal Reportable Offenses Principal’s Log
- Expulsion Appeal List
- FAPE Recommendations
- Health Records/Immunization Form
- Home School Summary Sheet
- Impairment Assessment for Illegal Substances
- Notice of Required Parent Conference
- Notice of Temporary Suspension
- Notice of Suspension
- Permission for the Assessment to be Completed by The Superintendent’s Designees’ Consulting School Psychologist
- Police Juvenile Referral/Custody Report
- Police Information Report
- Program Review Checklist of Report Items for Alternative Center
- Referral for Students in Need of an Assessment to be Completed by the Superintendent’s Designees’ Consulting School Psychologist
- Residency/Immunization Verification Form
- School Performance Data
- Staff Incident Report Form
- Student Evaluation – Alternative School
- Student Evaluation – Evening High School
- Student Evaluation – Home Teaching/Afternoon Middle School
- Student Grade Report
- Student Handbook Class Acknowledgment List
- Student Handbook Sign-off Sheet
- Student Incident Report Form
- Student Information Report for Superintendent’s Designee (Nurses’ Report)
- Student Information Report (Teacher Report)
- Suspension to Pupil Personnel Worker Checklist of Report Items
- Suspension to the Superintendent’s Designee Checklist of Report Items
- Test Data
- Transition Plan Checklist
SUSPENSION FORM A-1 SPECIAL EDUCATION/504 STUDENT

The IEP Team is requested to provide information on what programs and services were provided to the student in his present placement that are outlined in the IEP and would be needed to meet the Free Appropriate Public Education (FAPE) standards.

RE: ________________________    Date:  ____________________
Student __________________________    __________________________
School ________   Grade ________   Disability __________________________

TO: ______________________________________, Superintendent's Designee

Subsequent to the suspension (see attached suspension form and charges) of _______________________ , the local IEP/SS Team convened to review all relevant information in the student’s file, including IEP, any teacher observations and any relevant information provided by the parents to determine the relationship, if any, between the student’s disability and the misconduct in question. The Team needs to determine:

1. If the conduct in question was caused by or had a direct and substantial relationship to the student’s disability; or

2. If the conduct in question was the direct result of the public agency’s failure to implement the IEP/504.

Comments: ________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

According to IDEA, if the TEAM determines that either of the above statements is applicable (“Yes”) for the student, the conduct shall be determined to be a manifestation of the student’s disability.

☐ Yes manifestation     ☐ No, not a manifestation (Both answers must be “No.”)

Staff/position present at IEP/SS Team: Parent/Guardian/Advocate Present
______________________________________ _____________________________________
______________________________________ _____________________________________
______________________________________ _____________________________________
______________________________________ _____________________________________

Staff/position present at IEP/SS Team: Parent/Guardian/Advocate Present
______________________________________ _____________________________________
______________________________________ _____________________________________
______________________________________ _____________________________________
______________________________________ _____________________________________
**Alternative School Program**

Date of This Report: __________________________

Student: ____________________________________  Grade: ________________

Home School: __________________________________________________________

Date Entered the Program: _______________________________________________

Days Absent: _______________  Days Present: _____________________________

Academic Grades and Comments:

<table>
<thead>
<tr>
<th>Subject</th>
<th>Grade</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Math</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Science</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Studies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elective 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elective 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elective 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elective 4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments: ____________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________
Alternative School Transition Plan

Re-entry Plan for: ________________________________

Date of Suspension: ________________________________

Date of entry to Alternative Center: ________________________________

Projected Date of Withdrawal From Alternative Center: ________________________________

Home School: ___________________________ Re-entry Grade Level: __________________

Alternative Center Counselor: ________________________________

Alternative Center Liaison: ________________________________

Home School Counselor: ________________________________

Home School Liaison: ________________________________

Goals to be addressed upon return to home school: ________________________________

  • ____________________________________________________________________________
  • ____________________________________________________________________________
  • ____________________________________________________________________________
  • ____________________________________________________________________________

Schedule Concerns:

______________________________________________________________________________

______________________________________________________________________________

Suggestions for success in the traditional program:

  • ____________________________________________________________________________
  • ____________________________________________________________________________
  • ____________________________________________________________________________
APPEAL OR MITIGATION PROCESS

The Appeal process has been explained in regard to the Suspension/Expulsion hearing held for my child by the Superintendent’s Designee. It is understood that if we believe that the facts presented at this hearing do not support the decision of the Superintendent’s Designee or if we believe that our child’s due process was abridged, we may appeal this decision to the Board of Education, by writing a letter to the Superintendent stating the reasons for requesting an appeal, within ten (10) school days of the Superintendent’s Designee’s decision. All appeal letters must be sent by U.S. mail. Electronic email submissions will not be accepted.

It is also understood that we may request a change in the length of time our child is scheduled to be out of school due to mitigating circumstances. Mitigation would involve the Executive Director's review of the following: disciplinary history, present effort in the academic program, attendance and citizenship, the offense and the disruption, readmission disruption, health and safety issues, implications for the school, and recommendations of school staff. Mitigation must be requested by writing to the Executive Director of Student Support Services after all local appeals have been resolved. All mitigation letters must be sent by U.S. mail. Electronic email submissions will not be accepted.

Please direct requests for an appeal to:
Dr. Joe A. Hairston, Superintendent
Baltimore County Public Schools
6901 Charles Street
Towson, Maryland 21204

Please direct requests for mitigation to:
Mr. Dale R. Rauenzahn, Executive Director
of Student Support Services
Baltimore County Public Schools
9610 Pulaski Park Drive, Suite 219
Baltimore, Maryland 21220

We also understand that this form is not a request for appeal or mitigation, but merely a signed statement that the Appeal Process and Mitigation Process have been explained to us. Additional information about the process of Appeal or Mitigation is in the Student Handbook.

Student Name: ___________________________  School:  ____________________________
Parent(s)/Guardian(s) Signature: _________________________________________________________
Date:  _____________________________

THIS FORM CANNOT BE USED TO REQUEST AN APPEAL HEARING OR MITIGATION.
<table>
<thead>
<tr>
<th>Hearing Time</th>
<th>Type of Appointment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Repeated Susp to Designee</th>
<th>Designee Referral Date</th>
<th>February 21, 2006</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Student Name</th>
<th>DOB</th>
<th>ID#</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Parent</th>
<th>Street Address</th>
<th>City</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>DOS</th>
<th>Zip</th>
<th>CAP Issued</th>
<th>No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>PR Transfer</th>
<th>Assigned Alternative Program</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Long Term Suspension</th>
<th>Expel</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Violence Assessment</th>
<th>Drug Program Required</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Appeal or Mitigation</th>
<th>App or Mit Date Rec</th>
<th>App or Mit Resolution</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Proj Ret Date</th>
<th>Rev &amp; Reinst Date</th>
<th>Designee Status</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Hearing Recommendations</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Alt Sch Enrolled</th>
<th>M/W EHS Enrolled</th>
<th>T/TH EHS Enrolled</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Dr Asses</th>
<th>Dr Educ</th>
<th>Dr Counsel</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>PPW Follow-up: Including Home and Community, any Agency involvement, and any counseling provided</th>
</tr>
</thead>
</table>
COMPLIANCE VERIFICATION FORM

This form must be completed for any student with an IEP/504 prior to sending the expulsion packet to the Superintendent’s Designee with a recommendation for expulsion. Please include a copy of this verification form in the expulsion packet.

Please verify the following:

_____ The parent/guardian/surrogate was invited to participate in the A-1 manifestation team.
**Documentation required:** IEP/SST team notification form

_____ The parent/guardian/surrogate was provided with another copy of Procedural Safeguards or 504 Parental Rights.
**Documentation required:** Receipt of rights document

_____ The IEP/SST team met *formally* to discuss manifestation.
**Documentation required:** IEP team summary

_____ The IEP/SST team had the appropriate team members present for the manifestation discussion (psychologist, case manager, general educator, team chair, administrator, etc)
**Documentation required:** IEP/SST team summary

_____ The IEP/SST team completed the A-1 manifestation form.
**Documentation required:** A-1 manifestation determination form

_____ The IEP/SST team completed the FAPE form (to reflect those services needed while in an alternative placement).
**Documentation required:** FAPE form

_____ The IEP/504 Plan is current (completed within 12 months) and is signed by appropriate team members.
**Documentation required:** IEP/504 Plan

_____ The Determination of Disability is current (completed within 3 years for IEP).
**Documentation required:** Determination of Disability form for IEP or appropriate documentation for 504 disability

_____ Total number of days suspended this school year. (Including days to hearing with designee)

**Special Education Students Only:**

_____ A Functional Behavior Assessment (FBA) has been completed recently OR a meeting will be scheduled within 10 days to discuss the need for a FBA.
**Documentation required:** Functional Behavior Assessment OR the IEP team notification letter indicating that such will be discussed

_____ A Behavior Intervention Plan has been implemented, if applicable.
**Documentation required:** Behavior Intervention Plan

Before sending this packet to the Superintendent’s Designee, we certify that the above-mentioned documents are available and provided in the expulsion packet, consistent with the requirements of IDEA/Section 504 and the expulsion process for Baltimore County Public Schools.

Special Education Department Chair/SST Chairperson ___________________________
Assistant Principal________________________________________________________
Principal________________________________ Date Complete___________________
## Principal's Log 20__-20__
### Criminal Reportable Offenses

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
<th>Rec'd Not</th>
<th>Report</th>
<th>School</th>
<th>Case Team</th>
<th>Team Plan</th>
<th>Plan Commenced</th>
<th>Staff Notified</th>
<th>Parent /Guardian</th>
<th>Date Req Placement</th>
<th>Placement Commenced</th>
<th>Appeal</th>
</tr>
</thead>
</table>
EXPULSION APPEAL LIST

(Completed by the Appeals & Mitigation Officer)

STUDENT NAME: ___________________ SCHOOL: __________ GRADE: ______
SUSPENSION DATE: _______________ EXPULSION DATE: ______ DOB: ______

PARENT(S) GUARDIAN(S): __________________________________________

ADDRESS: _______________________________________________________

TELEPHONE: (HOME) _________________________ (WORK) ____________

STUDENT FOLDER CHECK LIST

Notice of Suspension - Home School

___________ Board Policy 5550 - “Disruptive Behavior”
    List:

___________ Board Policy 5540 “Alcoholic Beverages and Drugs”
    List:

___________ Student Verification Handbook _______________ Principal’s Signature

___________ Special Education/504 Verification Form – Principal’s Signature

Expulsion Letter - Superintendent’s Designee

___________ Statement identifying Board of Education violations

Recommendations:  Expulsion_______ Transfer_____ Other _____

Alternative Program Assignment____________

Parent signature indicating acknowledgment of the right to appeal with a letter to the
Superintendent of Schools
Teacher Reports

_______  Grades
_______  Attendance
_______  Interventions

Witnesses - Evidence has more credibility with eyewitness present at actual hearing

Adults:  (name and position)  Students:  (name and grade)

_______  Defendant(s)

_______  Written descriptive action statement by the witness as evidence

Special  Education student as defendant - Place red dot on the folder label for special education students.

Federal Census Code ____________  Level of Services ____________

Special Form A-1 is attached and indicates when the IEP conference was held and that the offense is NOT attributed to the student’s handicapping condition. __________________________ (Date)

_______  IEP Team notes for this specific case

There is no need for the Superintendent’s Designee to receive or process an expulsion referral when a student’s offense is attributed to his handicapping condition. However, if a parent refuses to attend an IEP conference during the five-day suspension period, the Superintendent’s Designee can preview the case for an expulsion pending final determination of the handicapping condition.

_______  Parental Rights document signed ____________ (Date)

_______  FAPE Recommendations; Completed, Signed ____________ (Date)

_______  IEP ____________ (Date)

_______  Educational Assessment _____ (Date)

_______  Psychological Assessment _____ (Date)

_______  Behavioral Assessment _____ (Date)

_______  Behavior Management Plan _____ (Date)
FREE AND APPROPRIATE PUBLIC EDUCATION

Recommendations

DETERMINATION OF SERVICES: Determination of services must be made by the IEP/504 Team to assure the provision of Free and Appropriate Public Education (FAPE) for Special Education students placed in Alternative Programming due to disciplinary removal. Determine FAPE by following the steps below.

Student Name: ___________________________    ID. No. __________________    Grade: __________

COMPLIANCE: Must be completed during IEP/SST Team Process -- Please indicate date of A-1/IEP/504 Manifestation Team: ________________________. Follow and complete ALL steps below to ensure 100% compliance. ALL required forms must be attached.

Special Education Student (Please check each box to indicate discussion held and determination made.)

☐ Attach copy of IEP with identified goals/objectives asterisked (*) and services listed that should be the focus while student is placed in an Alternative School, Evening High School, Afternoon Middle School, or Elementary Resource Center.

☐ Attach Team notes are completed and attached - MUST include services as determined by the IEP Team. In order to determine FAPE while the student is in an alternative program, the team MUST be certain to consider ALL from the list below and note any disposition (when APPLICABLE) in the Team notes:

☐ Service Delivery Model: (List Subjects)
  ☐ Inclusion ___________________________  ___________________________  ___________________________
  ☐ Self-Contained ___________________________  ___________________________  ___________________________

☐ Related Services: (If related services are needed, contact the Supervisor of Related Services - x3660)

☐ Number of hours of assistive technology
  ☐ Number of hours of counseling
  ☐ Number of hours of speech/language therapy
  ☐ Number of hours of physical therapy
  ☐ Number of hours of occupational therapy
  ☐ Number of hours of social work

☐ Number of hours of instruction weekly
  ☐ Hours determined _____ (within alternative program guidelines)

☐ Appropriate classroom supports: Remember all instruction will be small group or 1:1 in an alternative education setting

☐ Behavior Intervention Plan
  Attached ☐

DESIGNEE COMPLETES - Flexible Alternative Program Assignment

☐ Alternative School ☐ Evening HS ☐ *Afternoon MS   Other ___________

Copies of completed form and supporting documents are to be sent to appropriate alternative placement by the Superintendent’s Designee. *Partial Year Program

INSTRUCTION: Academic Achievement

Circle Disability Code: 01  02  03  04  05  06  07  08  09  10  12  13  14  15

A. (Please check appropriate levels of achievement)

<table>
<thead>
<tr>
<th></th>
<th>GT</th>
<th>Well Above Average</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>Well Below Average</th>
<th>Deficient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reading</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Math</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Written Language</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

B. Use BCPS course titles (For seniors – asterisks those needed for graduation)

<table>
<thead>
<tr>
<th>Subjects</th>
<th>Service Delivery Model, at Home School</th>
<th>Current Home School Teacher’s Name (required)</th>
<th>Withdrawal Grades (required)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Inclusion, Resource, Self-Contained</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Team Signatures: __________________________________________  __________________________________________  __________________________________________

SCHOOL ADMINISTRATOR IS TO ATTACH A-1, IEP/504, TEAM NOTES, SNAPSHOT IEP, AND LAST QUARTERLY REPORT TO THIS FORM AS PART OF SUSPENSION PACKET FORWARDED TO THE SUPERINTENDENT’S DESIGNEE.
HOME SCHOOL SUMMARY SHEET

Name: ________________________________________________________________

Age: ________________   DOB: ______________  Grade:_____________

Grade(s) Retained: ______________________________________________________

Reasons for Retentions: ________________________________________________

Sending School: ________________________________________________________

Case Manager: _______________________________  Phone: _____________

Other Support Service Personnel: _______________________________________

Parent/Guardian Name: __________________________________________________

Address: _____________________________________________________________

Phone (h) _____________________, (w) _______________________________

Usual Work Hours: _________________________________________________

Medication/Medical Problem: ___________________________________________

Special Education? YES NO Area

Hours of Services _____ Direct _____ Indirect

(Intensity of Service? I II III IV V) 504 plan

Additional Services Required _______________  Hours ________

Medicare/Medicaid/M.A.? YES NO

Special Comments (e.g., reading or math difficulty, foster placement, DJS supervision, etc.) __________________________________________

_________________________________________________________________

Intervention strategies used at home school in working with student:

_________________________________________________________________

_________________________________________________________________

Areas, if any, where student met with success: _____________________________

_________________________________________________________________
### Baltimore County Public Schools – Impairment Assessment for Illegal Substances

<table>
<thead>
<tr>
<th>Name of Student</th>
<th>Date of Birth</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>School</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### ASSESSMENT

**Assessment Initiated by (Administrator):**

**Date**

**Start Time**

**Reason for Assessment**

<table>
<thead>
<tr>
<th>Current Medication(s) – OTC &amp; Prescribed</th>
<th>Last Dose Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### PHYSICAL and BEHAVIORAL FINDINGS

**LEVEL OF CONSCIOUSNESS**

- Oriented to time, place, person: [ ] YES [ ] NO
- Short term memory intact: [ ] YES [ ] NO

**Vital Signs:**

- Blood Pressure [ ]
- Pulse [ ]
- Respiration [ ]
- Temperature [ ]

**EYES (Check all signs that apply for each eye (right and left))**

<table>
<thead>
<tr>
<th>Right Eye</th>
<th>Left Eye</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reaction to Light</td>
<td>Reactive [ ] Slowed [ ] No Reaction [ ]</td>
</tr>
<tr>
<td>Pupil Size</td>
<td>Normal [ ] Constricted [ ] Dilated [ ]</td>
</tr>
<tr>
<td>Sclera</td>
<td>Normal [ ] Bloodshot [ ] Watery [ ]</td>
</tr>
<tr>
<td>Ptosis</td>
<td>Yes [ ] No [ ]</td>
</tr>
</tbody>
</table>

**Other Findings:**

#### ADDITIONAL PHYSICAL SIGNS (check all that apply)

- Runny Nose [ ]
- Bloody Nose [ ]
- Pale [ ]
- Tremors [ ]
- Flushed [ ]
- Vomiting [ ]
- Sweating [ ]
- Other (explain) [ ]

**Explain (Other):**

#### ACTIVITY LEVEL (check all that apply)

- Confused [ ]
- Hyperactive [ ]
- Irritable [ ]
- Restless [ ]
- Slow [ ]
- Uncooperative [ ]
- Unremarkable [ ]

#### SPEECH (check all that apply)

- Incoherent [ ]
- Rambling [ ]
- Slurred [ ]
- Unremarkable [ ]

#### ANY PHYSICAL COMPLAINTS REPORTED BY STUDENT?

- Check: [ ] YES [ ] NO

If YES, please describe:

- Last time student had something to eat: ____________________________

#### EYE FINDINGS

**HORIZONTAL GAZE NYSTAGMUS**

- Does student wear glasses? If YES, remove glasses.
  - [ ] YES [ ] NO
- Did student wear contact lenses?
  - [ ] YES [ ] NO

Observe each eye during the testing procedures and record observations for each eye:

- Equal Tracking: [ ] YES [ ] NO
- Pupils Equal: [ ] YES [ ] NO

(Per NHTSA, significant impairment is probable when 4 of the 6 eye tests in the 3 clues listed below are positive.)

**Clue 1:**
- Lack of Smooth Pursuit: [ ]
  - RIGHT (1) [ ]
  - LEFT (2) [ ]

**Clue 2:**
- Distinct and sustained Nystagmus at Maximum Deviation:
  - RIGHT (3) [ ]
  - LEFT (4) [ ]

**Clue 3:**
- Onset of Nystagmus Prior to 45°:
  - RIGHT [ ] **° ANGLE (5) [ ]**
  - LEFT [ ] **° ANGLE (6) [ ]**

**Vertical Nystagmus:**

- [ ] YES [ ] NO

**Convergence:**

- Lack of Convergence: [ ] YES [ ] NO

**Indicate Position of Eyes:**

[ ]

[ ]
Name of Student

COORDINATION FINDINGS

WALK and TURN TEST
(Per NHTSA, significant impairment is probable when 2 or more of the 8 clues listed below are positive.)

Instructional Stage: (Clue 1) ☐ Cannot keep balance  (Clue 2) ☐ Starts too soon

Walking Stage: Check abnormal findings below:
(Clue 3) [ ] Steps walking before completing test
(Clue 4) [ ] Misses heel to toe

(Walking Stage) Instructional Stage Comments:

Instructional Stage Comments: RIGHT LEFT

Indicate abnormal findings.

Walking Stage: (Clue 5) [ ] Steps off the line
(Clue 6) [ ] Uses arms to balance by raising more than 6 inches from body
(Clue 7) [ ] Turns improperly
(Clue 8) [ ] Takes an incorrect number of steps

ONE LEG STAND
(Per NHTSA, significant psychomotor impairment evident with 2 or more of the 4 clues are positive on the same leg on the same leg.)

Instructional Stage

Instructional Stage Comments: Is able to balance

Indicate abnormal findings.

Instructional Stage Comments: (Clue 1) [ ] Sways while balancing
(Clue 2) [ ] Uses arms to balance 6” above the body
(Clue 3) [ ] Hops to keep balance
(Clue 4) [ ] Puts foot down

Approximate inches of sway:

Actual time subject keeps eyes closed:

ROMBERG BALANCE

Comments:

INDEX FINGER TO NOSE

Is able to complete as directed (check):

RIGHT [ ] YES [ ] NO
LEFT [ ] YES [ ] NO

If NO, use diagram to indicate where the fingertips landed with each attempt.

Comments:

EVIDENCE OF SUBSTANCE USE

DID STUDENT REPORT ANY SUBSTANCE USE?

[ ] YES [ ] NO

If YES, list name of substance(s), when used, amount used, route used:

ANY ODOR DETECTED ON STUDENT?

Breath [ ] YES [ ] NO
Hands [ ] YES [ ] NO
Hair [ ] YES [ ] NO
Clothing [ ] YES [ ] NO

If YES, please describe: (Consider Page Three – Summary)

Administrator Receiving Completed Assessment:

____________________________________________  ____________________________
Signature of Nurse  Date and Time Completed

____________________________________________
Signature of Witness
Summary of Impairment Assessment

Name of Student

Physical & Behavior Findings:

Horizontal Gaze Nystagmus Findings:

Coordination Findings:
Walk & Turn Test
One Leg Stand
Romberg Balance
Index Finger to Nose

Evidence of Use:
Student Report of Any Substance Use
Any Odor Detected on Student

ASSESSMENT RESULTS

☐ IMPAIRED  ☐ NOT IMPAIRED

NOTES: If NOT impaired, is there any evidence of use? If YES, please describe:

COMMENTS

Administrator Receiving Completed Report: _____________________________________________________

Signature of Nurse: ____________________________ Date: ____________________________
NOTICE OF REQUIRED PARENT CONFERENCE

Date __________________________

Name of Parent(s) or Guardian(s) ________________________________________________

Address ________________________________________________________________________

Name of Pupil ______________________________________________ Grade ______________

Reason for required conference:

You are expected to appear at the school for a conference on _____________________________.
If you cannot meet at the stated time you must arrange for a new conference date/time with the person indicated below. Failure to do this may result in the suspension of your child.

Person to be contacted ___________________________________ Telephone ____________

Administrator __________________________

School ________________________________

BEBCO 84-41-85
Notice of Temporary Suspension

Date

Name of Pupil Date of Birth Grade

Names of Parents or Guardians

Address Telephone

Reason for Suspension:

Principal

School

To the Parents
A school administrator will arrange for a conference date with you and your child prior to the child’s reinstatement to school. If the obligation for a conference is not fulfilled, the pupil may be referred to the Office of the Superintendent pending further action. The pupil must remain off school property pending disposition of the suspension.

Person to be contacted Phone No.

CC: Pupil Personnel Worker

BECBO 9660000042D-84-88 20W
NOTICE OF SUSPENSION
(including recommendation to Superintendent for an Extended Suspension or Expulsion)

Date________________________

Name of Student________________________ Birth Date _______________ Grade______

I.D.#________________________

Names of Parents or Guardians________________________________________________________

Address________________________ Telephone (Home) __________

(Work) __________

Offense Committed:

I certify that a duplicate of this notice has been mailed to the parent.

Principal ________________________

School ________________________

To The Parents:

As a result of unsatisfactory behavior the above named pupil has been suspended temporarily by the principal. The case has been referred to the Superintendent of Schools with the recommendation that the school record be reviewed and appropriate action taken. The Superintendent’s designated representative, who will review this case is ________________________________, whose office if located at ________________________________. You will be notified by letter when you and the student are to report for a conference concerning this matter. The pupil must remain off school property pending disposition of the suspension.

CC: Parent
    Superintendent’s Designee
    Office of Special Education (if applicable)
BALTIMORE COUNTY PUBLIC SCHOOLS

PERMISSION FOR THE ASSESSMENT TO BE COMPLETED BY THE SUPERINTENDENT’S DESIGNEES’ CONSULTING SCHOOL PSYCHOLOGIST

Student __________________________ Date of Birth _________________

I grant permission for ____________________, to participate in an ASSESSMENT TO BE COMPLETED BY THE SUPERINTENDENT’S DESIGNEES’ CONSULTING SCHOOL PSYCHOLOGIST conducted by ____________________________.

I have received a copy of INFORMATION ABOUT THE ASSESSMENT TO BE COMPLETED BY THE SUPERINTENDENT’S DESIGNEES’ CONSULTING SCHOOL PSYCHOLOGIST.

I understand the nature of this service and how the results will be used.

_________________________________   ________________
parent/guardian       date

[Attachment A]
<table>
<thead>
<tr>
<th>2. Juvenile's Name (Last, First Middle)</th>
<th>3. Nickname/Alias</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Sex [M] [F]</td>
<td>11. Eyes</td>
</tr>
<tr>
<td>5. Race</td>
<td>12. Soundex Number</td>
</tr>
<tr>
<td>6. DOB</td>
<td>13. Place of Birth</td>
</tr>
<tr>
<td>8. Height</td>
<td>15. Address (City, State, Zip)</td>
</tr>
<tr>
<td>9. Weight</td>
<td>16. Phone</td>
</tr>
<tr>
<td>10. Hair</td>
<td>17. School Attended</td>
</tr>
<tr>
<td>18. Grade</td>
<td>19. Place of Employment</td>
</tr>
<tr>
<td>20. Address</td>
<td>21. Vehicle Make/Model</td>
</tr>
<tr>
<td>22. Year</td>
<td>23. VIN</td>
</tr>
<tr>
<td>24. License #</td>
<td>25. State</td>
</tr>
<tr>
<td>26. Mother Address</td>
<td>27. Father Address</td>
</tr>
<tr>
<td>28. Guardian Address</td>
<td>29. Purpose of Referral/Custody</td>
</tr>
<tr>
<td></td>
<td>☐ C.I.N.S.</td>
</tr>
<tr>
<td></td>
<td>☐ C.I.N.A.</td>
</tr>
<tr>
<td></td>
<td>Delinquent Act:</td>
</tr>
<tr>
<td></td>
<td>☐ Misdemeanor</td>
</tr>
<tr>
<td></td>
<td>☐ Felony</td>
</tr>
<tr>
<td>30. Offense/Incident</td>
<td>31. Art./Section</td>
</tr>
<tr>
<td>32. CC Number</td>
<td>33. Pct./Div.</td>
</tr>
<tr>
<td>34. Data Proc.</td>
<td>35. Location of Offense</td>
</tr>
<tr>
<td></td>
<td>36. Date of Offense</td>
</tr>
<tr>
<td></td>
<td>37. Date/Time of Apprehension</td>
</tr>
<tr>
<td></td>
<td>38. Location of Apprehension</td>
</tr>
<tr>
<td></td>
<td>39. Reporting Area</td>
</tr>
<tr>
<td>40. Complainant's Name</td>
<td>41. Address</td>
</tr>
<tr>
<td></td>
<td>42. Telephone Numbers (H) (W)</td>
</tr>
<tr>
<td>43. Where Placed</td>
<td>44. Placement Authorized by [Yes] [No]</td>
</tr>
<tr>
<td></td>
<td>45. Secured Detention [Yes] [No]</td>
</tr>
<tr>
<td></td>
<td>46. Date/Time</td>
</tr>
<tr>
<td></td>
<td>47. Date/Time Released from Secured Detention</td>
</tr>
<tr>
<td>48. Property Held in Custody</td>
<td>49. Searched by [Yes] [No]</td>
</tr>
<tr>
<td></td>
<td>50. Strip Search [Yes] [No]</td>
</tr>
<tr>
<td></td>
<td>51. Authorized by [Yes] [No]</td>
</tr>
<tr>
<td></td>
<td>52. Photographed [Yes] [No]</td>
</tr>
<tr>
<td></td>
<td>53. Fingerprinted [Yes] [No]</td>
</tr>
<tr>
<td></td>
<td>54. JID#</td>
</tr>
<tr>
<td></td>
<td>55. Contact#</td>
</tr>
<tr>
<td></td>
<td>56. Contact at Records Mgt.</td>
</tr>
<tr>
<td></td>
<td>57. Date/Time Contacted</td>
</tr>
</tbody>
</table>

58. RELEASE AGREEMENT / NOTIFICATION

In accordance with Courts and Judicial Proceedings §§§ 9-822(c) & 9-822(c-1) of the laws of this State, the Baltimore County Police Department hereby releases the above named juvenile to the care and custody of:

**Name**

**Address**

**Phone**

**Relationship**

In doing so, it becomes my responsibility to produce said juvenile at such time and place as he or she may be directed by the Department of Juvenile Justice of the Juvenile Court of Baltimore County, Maryland. Failure to produce said juvenile when so directed will be cause for a warrant to be issued by the Court for the child, and contempt proceedings may be instituted against me. I understand the provisions of this agreement and promise to comply with them. By signing my name below I attest that the information contained in blocks 1-28 is true and accurate to the best of my knowledge and belief. Intentional misrepresentation may result in criminal prosecution under CR 9-822.

59. Signature of person to whom juvenile was released/person notified

60. Date/Time

61. Releasing/Notifying Officer

62. Narrative

63. Request petitions/charges [Yes] [No]

64. By Whom

☐ A. Referred to JOINS

☐ B. Request referral to DJJ

☐ C. Referred to Dept. of Social Services

☐ D. Other: [Other]

65. Disposition

66. Prior Contact

☐ No

☐ Yes same charge

☐ Yes other charge

☐ Yes Both

67. Records Mgt.

68. Investigating Officer

69. Approved by

70. Date Submitted

71. Investigating Officer

72. Report Review

73. Records Mgt.
Police Information Report Regarding Illegal Substance/Object Offense Involving A Student

Indicate Nature of Offense(s): □ Alcohol □ Drug □ Weapon □ Pager

1. Student’s Name ________________________________________________________________

2. Nickname(s)___________________________________  3. Telephone No. _________________

4. Student’s Address (City, State, Zip Code) ________________________________________


8. Race ______________    9. Sex __________


14. Name of School ____________________________________  15. Grade ___________

16. Social Security No. _______________________________

17. Employer __________________________________________________________________

   Address ________________________________________________________________

   Phone No. ________________

18. Father ____________________________________________________________________

   Address ________________________________________________________________

   Phone No. ________________

19. Mother ____________________________________________________________________

   Address ________________________________________________________________

   Phone No. ________________

20. Guardian (If Applicable) ____________________________________________________

   Address ________________________________________________________________

   Phone No. ________________

21. Description of object (If gun or pager, including model and serial number) ___________

_______________________________________________________________________________

If any of the above information is not available, state “unknown” and bring this to the attention of the officer.

Signature of Principal or Principal’s Designee

Original – Department of Police
PROGRAM REVIEW CHECKLIST OF REPORT ITEMS FOR ALTERNATIVE CENTER

Student: ___________________________________ School: _______________________________________

Address: __________________________________________________________________________

Special Education Type and Level__________________ 504 Plan __________________________

Student I.D. Number: __________________ Date of Last Student Services or IEP Team Meeting: ___________

Parent Name:_________________________ Phone: (H)_________________(W)________________

Program Review Date: _________________ Program Review Time: __________________________

Program Review Location: ___________________________________________________________

The following information must be included in the report sent to the Superintendent’s Designee as part of the Program Review transfer request:

___ Cover letter to Superintendent’s Designee outlining reasons for recommended transfer and interventions implemented by the home school (attach Home School Summary Sheet)
___ Checklist of report items (this document)
___ Copy of most recent report card
___ Student Services Team/IEP Team notes and recommendations
___ Residency/Immunization Verification Form
___ Copy of homeroom attendance card or similar attendance summary
___ Copy of test record card and academic history (BEBCO #43-266-85 and #43-262-88)
___ Home School Summary Sheet with attached IEP/504 Team results/notes (BEBCO 101-93) Copies of IEP/504 Plan, Compliance Verification Form, FAPE Form, Psychologicals, Education Assessments, Receipt of Parental Rights Document, IEP Snap Shot, and Last Quarterly Report, A-1 Manifestation Form, Determination of Disability Form
___ Teacher reports from all teachers
___ Guidance Counselor/Nurse/School Social Worker Reports
___ Court documentation in chronic truancy cases
___ History of disruptive behavior or references to the office [date(s)]
___ Home School Summary Sheet, Student Grade Report Form
___ Interventions: Behavior Plans (Functional or other) Suspensions/RPCs/Referrals to PPW [date(s)]
___ Acknowledgment Form of receipt of Student Handbook
___ Copies of the following: Health Records/Immunization Form #896/Current Medications Record and Orders/Documentation of any current health issues SR 5 & 6/Emergency Card

Four copies of this informational packet should be submitted by the home school to the Superintendent’s Designee no later than 24 hours prior to the Program Review. A fifth copy should be retained for the school file (administrative copy).
TO: Linda S. Meade, Ph.D., SCHOOL PSYCHOLOGIST, SSS, Southwest Area Office

FROM_________________________      ___________________________________
Superintendent's Designee        Area

DATE OF REFERRAL__________      SUSPENSION DATE/CODE________________
POTENTIAL REINSTATMENT DATE__________

CURRENT SCHOOL_________________________GRADE_____AVERAGE________

HOME SCHOOL___________________ ALTERNATIVE PROGRAM______________

NOTE: IF CHILD HAS HAD A PSYCHOLOGICAL ASSESSMENT, INCLUDE IN REFERRAL PACKET.

504 PLAN/IEP?_________  DISABILITY__________ INSTRUCTIONAL PROGRAM__________
(Attach copy of IEP or 504 Plan and result of A-1 Manifestation Meeting)

CASE MANAGER_______________________________PHONE________________

PARENT OR GUARDIAN__________________________________________________

ADDRESS________________________________________ PHONE(H)____________
_________________________________________________PHONE(W)____________

WHO HAS EDUCATIONAL RIGHTS (i.e., who is authorized to make educational decisions/give permission for
assessment)?
________________________________________ PHONE_______________

REASON FOR CURRENT REFERRAL TO SUPERINTENDENT’S DESIGNEE

DESCRIBE PREVIOUS DISCIPLINARY HISTORY

DESCRIBE HISTORY OF ALTERNATIVE SCHOOL OR OTHER SPECIAL PLACEMENT:

DESCRIBE ANY DJJ INVOLVEMENT (include worker________ phone_______)
[Attachment C]
RESIDENCY/IMMUNIZATION VERIFICATION FORM

Student: ___________________________________________________________________________
Address: ___________________________________________________________________________
_____________________________________________________________________________
Parent/Guardian Name: ________________________________________________________________
School: ___________________ Date Submitted ___________________ 

Domicile Verification

   Document Needed: (one)

   Resident

      □  Deed
      □  Lease
      □  Tax Bill

   Non-Resident

      □  Non-resident
      □  Multiple Family
      □  Homeless

   Attach copies of domicile document.

Immunization Verification

   □  Completed 896 Immunization Card

   Attach copy of 896 document.

_________________________________________________
   Administrator’s Signature

BCPS 5150 Policy/Rule
## Secondary School Performance Data

### Grade 9 School Year 20

<table>
<thead>
<tr>
<th>Subject</th>
<th>Instructor Level</th>
<th>Final Grade</th>
<th>Credit Earned</th>
<th>Quality Points</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Grade 10 School Year 20

<table>
<thead>
<tr>
<th>Subject</th>
<th>Instructor Level</th>
<th>Final Grade</th>
<th>Credit Earned</th>
<th>Quality Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Studies</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mathematics</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Science</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fine Arts</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phys. Ed.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tech. Ed.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foreign Language</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Career Completer</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tech. Completer</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Completer</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Grade 12 School Year 20

<table>
<thead>
<tr>
<th>Subject</th>
<th>Instructor Level</th>
<th>Final Grade</th>
<th>Credit Earned</th>
<th>Quality Points</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Certification Graduation/Completion

- Diploma: [ ] Certification [ ] Date Completed
- School:
- School Address:
- School Phone Number:
- Activities:
- Honors/Awards:
- Baltimore County Certificate of Achievement: [ ]
- Baltimore County Seal of Merit: [ ]
- Area of Concentration:
- Maryland State Certification of Merit: [ ]
- Date:

*Note: The grading system for all subjects is a five-step scale—A, B, C, D, and E. Each grade is determined by achievement in relation to the objectives of the integrated instructional level.*

### Instructional Level Key

- **GT Gifted & Talented**: Offered at a level appropriate for students identified as Gifted & Talented in this subject area.
- **H Honors**: Offered at a level appropriate for students identified as significantly exceeding expected standards for the grade or subject.
- **ST Standard**: Offered at a level appropriate for students able to meet or exceed the standards for the grade or subject.
- **SE Special Education**: Offered at a level appropriate for students determined by the ABEI to require special educational services in this subject area.

### Quality Points Key

- **GT Gifted & Talented**: A+ 6, B+ 5, C+ 4
- **ST Standard**: A+ 5, B+ 4, C+ 3
- **SE Special Education**: A+ 4, B+ 3, C+ 2
- **N Pass**: A 3, B 2, C 1
- **F Fail**: F 0

*In special cases, the following symbols may appear: M Medical, P Pass, F Fail.*

**Prepares Signature**

**School Certify**
STAFF INCIDENT REPORT FORM

Name: _________________________________________________

Date: ______________________________  Time: ____________________________

* In your own words, tell what happened (who? what? where? when? why?).
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

_______________________________________________  __________________________________
Signature        Date
**Alternative Center Student Evaluation**

Please complete this evaluation as accurately and comprehensively based on school data, teacher, and administration input. The information will be used to determine reinstatement to a day school program.

**Student Name:**  
Last Name  First  M.I.  Date Enrolled  

**Student ID#:** ________________  

**Day School**  
Designee:  
- Hill  
- Abbott  
- Fair  
- Goldsmith  
- Noone  

**Alternative School:**  
- Catonsville Center  
- Meadowood Center  
- Rosedale Center  

Circle a score of 1-10 on each indicator below using the criteria listed. Ten is the top score and 1 is the lowest score.

### ACADEMIC COMPONENT

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
</table>

**Criteria:**
- To achieve a score of 10 the student must have a high A or 95-100 grade point average

### BEHAVIORAL COMPONENT

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
</table>

**Criteria:**
- No Administrative referrals scores a 10
- No Suspensions scores a 10
- Behavioral Point Sheet Totals could be used here (optional for centers that have this)

### PARTICIPATION COMPONENT

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
</table>

**Criteria:**
- Student actively participates in all classes and activities at the center, scores a 10
- Student’s attitude is positive and working towards successful return
- Behavioral Point Sheets Totals could be used here (optional for centers that have this)

### ATTENDANCE COMPONENT

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
</table>

**Criteria:**
- Perfect attendance with no lateness scores a 10
- Standard of 94% or better will receive a 9
- Chronic unexcused lateness will have a negative impact on score

### THERAPEUTIC COMPONENT

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
</table>

**Criteria:**
- Social/emotional issues did not have a negative impact on success scores a 10
- No substance problems while attending the center, scores a 10

**TOTAL** __________

**RECOMMENDATION OF THE ALTERNATIVE CENTER (check one)**
- Return (35-50)  
- Review with Designee (20-34)  
- Hold at Alternative Center (5-19)

**Special Considerations:**
________________________________________________________________________________________
________________________________________________________________________________________

**Submitted by:** _____________________  **Date Completed:** _______________
Please complete this evaluation as accurately and comprehensively as possible. The information will be used to determine reinstatement to day school and/or promotion to a higher grade. Your attention to this critical matter is appreciated.

Student Name ___________________________ Date Enrolled ___________________________
(Please Print) Last First M.I.

Day School ___________________________ Grade ______
Evening High School: □ Dundalk □ Kenwood □ Towson Saturday □ Milford □ Western □ Other ______

Instructor: ___________________________ Room No. ______
(Please Print Name Here and Sign Below)

Please print name of course, grades, ratings in the appropriate spaces.

Course ___________________________

<table>
<thead>
<tr>
<th>Grade(s)</th>
<th>1st Qtr.</th>
<th>2nd Qtr.</th>
<th>3rd Qtr.</th>
<th>4th Qtr.</th>
<th>Final Exam</th>
<th>End of Year Grade</th>
</tr>
</thead>
</table>

Performance Rating: Ex-EXCELLENT G-GOOD S-SATISFACTORY P-POOR U-UNSATISFACTORY

<table>
<thead>
<tr>
<th>Classwork</th>
<th>1st Qtr.</th>
<th>2nd Qtr.</th>
<th>3rd Qtr.</th>
<th>4th Qtr.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homework</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Effort</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavior</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ATTENDANCE:

<table>
<thead>
<tr>
<th>Days Absent/Present</th>
<th># Absent</th>
<th># Present</th>
<th># Absent</th>
<th># Present</th>
<th># Absent</th>
<th># Present</th>
<th># Absent</th>
<th># Present</th>
<th># Absent</th>
<th># Present</th>
</tr>
</thead>
</table>

COMMENTS: Include recommendations (materials used, strengths, weaknesses, needs):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Instructor Signature ___________________________ Date ___________

FOR USE OF THE OFFICE OF ALTERNATIVE PROGRAMS

Graduated (Date) ___________________________ Reinstated (Date) ___________________________
STUDENT EVALUATION
Home Teaching
Afternoon Middle School

Please complete this evaluation as accurately and comprehensively as possible. The information will be used to determine reinstatement to day school and/or promotion to a higher grade. Your attention to this critical matter is appreciated.

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Last</th>
<th>First</th>
<th>M.I.</th>
<th>Date Enrolled</th>
</tr>
</thead>
</table>

Day School ___________________________ Grade ____________

☐ Home Teaching  ☐ Middle School Program  ☐ Other (specify) ___________________________

GRADE: A—OUTSTANDING  B—ABOVE AVERAGE  C—AVERAGE  D—BELOW AVERAGE  E—UNSATISFACTORY

Please list courses taught and place grades and ratings in the appropriate spaces. Indicate modified program with *

<table>
<thead>
<tr>
<th>Course(s)</th>
<th>1st Qtr.</th>
<th>2nd Qtr.</th>
<th>3rd Qtr.</th>
<th>4th Qtr.</th>
<th>Final Exam</th>
<th>End of Year Grades</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENGLISH</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SOC. STUDIES</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MATH</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SCIENCE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Performance Rating: EX—EXCELLENT  G—GOOD  S—SATISFACTORY  P—POOR  U—UNSATISFACTORY

<table>
<thead>
<tr>
<th>1st Qtr.</th>
<th>2nd Qtr.</th>
<th>3rd Qtr.</th>
<th>4th Qtr.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Classwork</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Homework</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Effort</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavior</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Attendance:

<table>
<thead>
<tr>
<th>Days Absent</th>
<th>Days Present</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**12th Grade Students ONLY**

Indicate subjects needed for graduation that student is in danger of failing:

________________________________________________________________________

List other graduation requirements unfulfilled (Include functional tests not passed and SSL hours needed)

________________________________________________________________________

COMMENTS: Include recommendations (materials used, strengths, weaknesses, needs):

________________________________________________________________________

________________________________________________________________________

Instructor Signature ___________ Date ___________

Instructor (Please Print) _______________________________

Check One:

- Suspension to the Superintendent
- Program Review

Student Grade Report

TO: Superintendent's Designee
RE: ______________________(name)
ID#: ______________________
FROM: DOB: ______________________
DOS/TRANSFER: ______________________
DATE SUBMITTED: SCHOOL: ______________________

Please provide grade(s) at the time of suspension/transfer, including current withdrawal grade.

<table>
<thead>
<tr>
<th>Course (name)</th>
<th>Instructional Level (Each Course)</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Final Exam</th>
<th>Final Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ST SE H GT AP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NOTE: Grades will be submitted by Superintendent's Designee to alternative school provided for student.

High School Only:
No. of credits earned to date:

<table>
<thead>
<tr>
<th></th>
<th>English</th>
<th>Health</th>
<th>Physical Education</th>
<th>Electives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Math</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Science</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Studies</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Completer _______  Verified By _______

CLASS  

STUDENT HANDBOOK ACKNOWLEDGMENT LIST

TEACHER _______________________________  CLASS _____________________________

I have received a copy of the Baltimore County Public Schools’ Student Handbook. The Student Handbook was explained, and I was given the opportunity to ask questions. I read and understand the disciplinary code listed in the book and the consequences for all offenses. I was informed that I could meet individually with an assistant principal to discuss the book in detail. My signature verifies that I have received the Student Handbook and an orientation of its contents.

<table>
<thead>
<tr>
<th>NAME (PLEASE PRINT)</th>
<th>SIGNATURE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ABSENTEES:

____________________

____________________

____________________

____________________

Return to the grade-level assistant principal when the sheet has been completed.
I received a copy of the Baltimore County Public Schools’ Student Handbook. I had an orientation regarding information in this Handbook and I was able to ask questions. I understand the disciplinary code and the consequences of all offenses. Additionally, I understand the Telecommunications Acceptable Use Policy. I was informed that I could meet individually with an assistant principal to discuss the Student Handbook in more detail.

Particular attention was paid to the disciplinary code outlined in the Student Handbook, and the penalties for drug, alcohol, and weapons offenses were clearly outlined. In addition, I understand that under Maryland law, the possession and/or use of tobacco and tobacco products are illegal on school property.

My signature verifies that I have received a Student Handbook and an orientation of its contents.

_____________________________     ______________________     ___________   ___________  
Student Name (Print)            Student Signature    Grade               Date
STUDENT INCIDENT REPORT FORM

Name: _________________________________________________

Date: ______________________________  Time: ____________________________

* In your own words, tell what happened (who? what? where? when? why?).

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Received by:______________________
_________________________________________________________________________________

Student (signature)   Date   Assistant Principal          Date
BALTIMORE COUNTY PUBLIC SCHOOLS

STUDENT INFORMATION REPORT FOR SUPERINTENDENT’S DESIGNEE

SCHOOL: __________________________________________________

RETURN TO: _______________________________ NO LATER THAN: ____________________________

STUDENT NAME:____________________________ GRADE LEVEL: _______ DATE SENT:__________

NOTE: This report may be shared with parents and/or lawyer(s).

Part 1: Completed by Administrator, School Counselor or IEP Chair: Name: ________________

                  Signature: ______________________

SST/IEP TEAM INFORMATION  (attach a separate sheet, if needed)

<table>
<thead>
<tr>
<th>DATE OF TEAM</th>
<th>REASON</th>
<th>DISPOSITION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Part 2: Completed by School Counselor and/or School Social Worker

Please provide information appropriate to this student regarding social and/or academic history. Include such information as attendance and involvement in activities, organizations, employment, peer relationships, etc.

_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

SEE BACK
Part 3: Completed by school nurse:

STUDENT NAME: ________________________________     DATE: __________________

A. PERTINENT MEDICAL HISTORY
(Include Current Diagnoses: Medical, Mental Health, Behavioral and/or other Chronic Health Concerns)

Allergies? (food, medications, environmental) ___no ___ yes (list) ________________________________

Activity and/or PE limitations? _____no ___ yes (list) ________________________________

Dietary Restrictions? ____no ___ yes (list) ________________________________

Emergency Protocol? _____ no ___ yes (attach copy)

Individualized Healthcare Plan _____no ___ yes (attach copy of IHP)

Current Medication Order(s) at School: _____ no _____ yes (attach copy of orders)

Medications Taken at Home: (list)

B. HEALTH SUITE HISTORY / SUMMARY OF HEALTH SUITE VISITS (attach a separate sheet, if needed)

Number of visits to the Health Suite this school year ___________

Number of times student was sent home from Health Suite this school year ____________

Summarize student’s frequent health complaints. (Do not attach copies of health suite records to this report.)

Attach a copy of the student’s Immunization Record (DHMH 896) to this report.

School Nurse Name: ________________________________  Signature ________________________________
Baltimore County Public Schools
Student Information Report

Teacher

School: ___________________________

RETURN TO __________________________ NO LATER THAN __________________

Needed For:  _____ Student Services/IEP Team  _____ Other  
_____ Case Conference  _____ Suspension

To: ___________________________ Subject: ___________________________

Re: ___________________________ Grade level: _______ Date sent: _______

Note: This report may be shared with parents/guardians and/or lawyer(s).

I. Achievement (Circle Appropriate Responses)

Overall grade to date this quarter _______ (letter or percentage)

Quality of Work
High   Low   Comments (include percentage of completion)

A. Homework  4  3  2  1  0 ____________________________________________

B. Classwork  4  3  2  1  0 ____________________________________________

C. Tests  4  3  2  1  0 ____________________________________________

D. Is progress consistent with ability? _________________________________

E. Additional comments ____________________________________________

II. Attendance/Lateness (Please attach a copy of attendance card or complete the following information)

<table>
<thead>
<tr>
<th>Total Absences</th>
<th>Excused</th>
<th>Unexcused</th>
<th>Latenesses</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Quarter</td>
<td>_______</td>
<td>_________</td>
<td>_______</td>
</tr>
<tr>
<td>Second Quarter</td>
<td>_______</td>
<td>_________</td>
<td>_______</td>
</tr>
<tr>
<td>Third Quarter</td>
<td>_______</td>
<td>_________</td>
<td>_______</td>
</tr>
<tr>
<td>Fourth Quarter</td>
<td>_______</td>
<td>_________</td>
<td>_______</td>
</tr>
</tbody>
</table>

Comments: __________________________________________________________________________

___________________________________________________________________________________
III. PARTICIPATION (CIRCLE APPROPRIATE RESPONSES)

<table>
<thead>
<tr>
<th></th>
<th>Always</th>
<th>Never</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Responds well to direction</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>B. Works consistently</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>C. Displays positive attitude</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>D. Works well with others</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>E. Participates positively in class</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
</tbody>
</table>

Additional comments: _______________________________________________________

IV. BEHAVIOR (Comment regarding attitude, conduct, and impact on other students/learning situation.)

__________________________________________________________________________________

V. INTERVENTIONS (CIRCLE THE APPROPRIATE ITEMS AND LIST APPROXIMATE DATES)

A. Student/teacher conference___________  I. Teacher/administrator conference _______
B. Teacher/counselor/student conference ____  J. Interim report _________________________
C. Student/parent/guardian/teacher conference_  K. Weekly progress report ________________
D. Notes/letters to parent_______________  L. Referral to time out room ______________
E. Telephone call to parent _______________  M. Referral to administrator _______________
F. Parent/teacher conference ____________  N. Referral to Pupil Personnel Worker ______
G. Teacher/department chair conference_____  O. Referral to Team ______________________
H. Teacher-assigned detention _____________  P. Behavior Plan _________________________

Q. Others (types and dates)_____________________

Please comment regarding student and parent/guardian response to interventions as well as the effectiveness of interventions:______________________________

Please write any additional descriptive comments on a separate sheet and attach BEBCO 049-91.
BALTIMORE COUNTY PUBLIC SCHOOLS

SUSPENSION TO PUPIL PERSONNEL WORKER

CHECKLIST OF REPORT ITEMS

Student: ___________________________ School: ___________________________

Student ID Number: __________________ Suspension Date: __________________

Conference Date: __________________ Conference Time: __________________

Please include the following information in the report sent to the PPW:

_______ Checklist of report items
_______ Cover letter (including a narrative) to PPW
_______ Suspension form (BEBCO #84-042-88)
_______ Copy of most recent report card
_______ Copy of homeroom attendance card or similar attendance summary
_______ Copy of test record card (BEBCO #43-266-85)
_______ Copy of academic history (BEBCO #43-262-88)
_______ Guidance Counselor/Nurse/School Social Worker reports
_______ Teacher reports from all teachers including current grades
_______ History of disruptive behavior or referrals to the office
_______ Previous suspensions/required parent conferences/referrals to PPW [date(s)]

The above information should be submitted to the Pupil Personnel Worker as soon as possible, but no later than 24 hours before the scheduled conference.
BALTIMORE COUNTY PUBLIC SCHOOLS
DIVISION OF ADMINISTRATION
SUSPENSION TO THE SUPERINTENDENT’S DESIGNEE
CHECKLIST OF REPORT ITEMS

Student: _____________________________  School: _____________________________
Student ID Number: ___________________  Suspension Date:______________________
Address:___________________________________________________________________________
Parent Name:_________________________  Parent Phone Number __________________
Hearing Date: ______________________________ Hearing Time:_________________________

Please include the following information in the report sent to the Superintendent's Designee:

___Checklist of report items (this document)
___Copy of Notice of Suspension
___Cover letter to Superintendent’s Designee outlining reasons for recommended long-term suspension/expulsion (Administrative Report of incident)
___Copy of statement from suspended student
___Copy of all witness statements (Students, teachers, other staff)
___Interventions: Behavior Plans/Suspensions/RPCs/Referrals to PPW [date(s)]
___Copy of Residency Documentation
___Copy of most recent report card
___Copy of middle/high school course schedule for current school year
___Copy of homeroom attendance card or similar attendance summary
___Copy of test record card and academic history (BEBCO #43-266-85 and #43-262-88)
___Home School Summary Sheet with attached IEP Team Results/Notes (BEBCO 101-93), Copies of IEPs, Compliance Verification Form, FAPE Form, Psychologicals, Education Assessments, Receipt of Parental Rights Document, IEP Snap Shot, Last Quarterly Report
___Teacher reports from all of the student's teachers
___Guidance Counselor/Nurse/School Social Worker Reports
___Court documentation in chronic truancy cases
___History of disruptive behavior or references to the office [date(s)]
___Home School Summary Sheet and Student's Grade Report
___Verification of receipt of Student Handbook from current year

<table>
<thead>
<tr>
<th>Distribution of Suspension Packet:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Designee</td>
</tr>
<tr>
<td>2. Home School (all original documents)</td>
</tr>
<tr>
<td>3. PPW</td>
</tr>
<tr>
<td>4. Alternative Program</td>
</tr>
<tr>
<td>5. Parent/Attorney</td>
</tr>
<tr>
<td>Five copies of this informational packet should be submitted by the home school to the Superintendent’s Designee no later than 24 hours prior to the hearing. A school administrator should notify the school's PPW of the hearing date and time.</td>
</tr>
</tbody>
</table>

___Copies of the following: Health Records/Immunization Form #896/Current Medications Record and Orders/Documentation of any current health issues SR 5 and 6/Emergency Card
Maryland School Assessments / Alternative Maryland School Assessments
(Place labels underneath previous label in chronological order)
Transition Plan Checklist

Student____________________________________ Home School_____________________________

Grade______ Alternative School______________________ Date ____________________________

Home School Liaison_____________________________ Alt. School Liaison__________________

Student Improvement/Accomplishments

Academic/Classroom

☐ Demonstrates/Increased ability to work independently
☐ Demonstrates/Increased ability to complete assignment
☐ Demonstrates/Increased proficiency in solving problems/thinking critically
☐ Demonstrates capacity for creative expression
☐ Improved basic language skills
☐ Demonstrates listening skills
☐ Improved ability to follow directions
☐ Assumes responsibility for own learning
☐ Demonstrates an interest in learning
☐ Increased frequency of on-task behaviors
☐ Consistently on task
☐ Increased classroom participation
☐ Increased motivation
☐ Consistently strives for academic success

Relationships

☐ Developed positive peer relationships
☐ Recognizes clear student/teacher boundaries
☐ Improved ability to effectively communicate with staff/peers
☐ Assists other students academically
☐ Accepted additional responsibility as teacher helper
☐ Improved ability to resolve interpersonal conflict
☐ Improved interpersonal communication skills

Behavior/Self

☐ Accepts responsibility for actions
☐ Improved in impulse control
☐ Improved in anger management
☐ Shows positive attitude
☐ Demonstrates/Improved ability to follow school rules
☐ Demonstrates/Improved leadership skills
☐ Demonstrates/Improved ability to make informed decisions
☐ Improved self-esteem/positive self image
☐ Increased usage of appropriate language
Page 2, Transition Plan Checklist

**General**

- Successfully advanced in levels
- Improved attendance

**Recommendations for Successful Transition**

**Classroom Environment/Instruction**

- Seat student near teacher
- Seat student alone
- Seat student near peer helper, especially during note-taking
- Give instructions/assignment orally and visually
- Break down instructions into small steps
- Test student orally
- Allow student to take practice tests
- Utilize alternative assessment
- Build student’s test-taking strategies/skills
- Monitor on-task behavior
- Offer additional assistance at start of assignments
- Student needs assistance in completing assignments
- Student needs additional assistance with long range assignments
- Provide individual instruction in _______________
- Extend time limits for _______________(reading, writing, etc.) assignments
- Modify lengthy independent reading assignments followed by written comprehension exercise due to limited reading skills
- Utilize computer for writing assignments
- Assist in developing information retention skills
- Assist in understanding basic concepts
- Assist with organization
- Assist in processing information
- Offer remediation for Maryland Functional ________________ Test

**Behavior**

- Student responds to positive feedback
- Assist in building a consistent positive self-image
- Continue to assist with anger management
- Continue to develop social skills
- Use immediate reinforcement strategies
- Assist student in developing positive leadership skills
- Continue to address communication skills
- Assist student in building positive peer relationships
- Assist student in making informed decisions
Other Activities

- Benefits from participation in school clubs/sports
- Benefits from participation as peer tutor
- Benefits from participation in tutoring program
- Benefits from participation in COP program
- Benefits from role of teacher/office assistant
- Benefits from peer/adult mentor
- Continue outside counseling
- Continue drug counseling
- Offer information on career options, training opportunities, or college
- Needs assistance in completing Service Learning requirement

General

- Monitor attendance
- Monitor medication
- Encourage student to wear glasses
- Contact family immediately if student is out of compliance in any class
- Send home daily/regular progress reports
- Review progress up to three years
- Review/rewrite Individual Education Plan
- Provide consultative services from inclusion specialist
- Have Student Support Services team review progress
- Continue Special Education monitoring