BOARD OF COOPERATIVE EDUCATIONALSERVICES
SOLE SUPERVISORY DISTRICT
FRANKLIN-ESSEX-HAMILTON COUNTIES

EDUCATION LAW §3214 (3) AND REGULATION §100.2(1)(4)
FOR SUSPENSION OF FIVE DAYS OR LESS

SUSPENSION CHECKLIST

Student Name:	Date of Birth:	Grade:
Address:		
Phone:		
Parent/Guardian:		
Date(s) of Suspension:		

	I gave student (oral/written) notice of the charges against the student in enough detail to allow the students to understand the nature of the accusation (see attached letter).

The student:

	Understood the charges
	Admitted they were true
	Denied they were true
	Offered the following details:

	I have checked to see if the student is receiving special education services and have determined that the student □ is □ is not a special education student. If the student is receiving special education services, the proposed suspension adding the number of days of the suspension year totals:

	I have arranged for tutoring if the child is disabled or of compulsory school age.

	I have telephoned the parent or person in parental relationship to the student on: Date/time:
	No one answered the telephone. I called times.
	I left a message on the answering machine.
	I had a conversation with:
Substance of conversation:	

	Within (24) hours of the suspension, I sent written notice of the suspension to the student and the parent, or person in parental relation, and offered for an informal conference (copy of notice attached). Written notice was given as follows:		
	Personal Delivery		Express Mail to the last known address(es) of the parent to person in parental relation to the student
	Other	Specify:	

	The following law enforcement agency was contacted because of the seriousness of this matter. Give details including agency, person contact, date and time:

_____ _____
Date *Building Principal Signature*

DA-10 (01/2018)