

BOARD OF COOPERATIVE EDUCATIONAL SERVICES
SOLE SUPERVISORY DISTRICT
FRANKLIN-ESSEX-HAMILTON COUNTIES

REPORT OF A DISRUPTIVE STUDENT

To:	<i>(Building Principal)</i>	Date:
From:	<i>(Teacher)</i>	<i>(Grade Level & Subject Matter)</i>
Regarding:	<i>(Grade Level & Instruction Class)</i>	

Classified Student

Yes		No	
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I am referring to you the above-named student who was disruptive on _____ *(date or dates)*.

The student was substantially disruptive of the educational process.
The student substantially interfered with my authority over the classroom.

A description on the reverse details the events, the particular conduct, what I did, what I said, and what the student or others said.

Has the student a history of disruptive behavior?

Yes		No	
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Removed student from class?

Yes		No	
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The student was accompanied by an adult to the Principal's office.

Yes			
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Number of days student removed from classroom.

Days removed:			
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I provided the student with an explanation of the basis for the removal and allowed the student to informally present the student's version of the relevant events.

Yes		No	
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If the answer is NO, complete the next step: within 24 hours of the student's removal, I shall provide the student with an explanation of the basis for the removal and give the student an informal opportunity to be heard. I shall provide my Building Principal with the details, including what I said and what the student said, within six hours of my conversation with the student.

Specify what you believe would be the appropriate additional action to be taken:

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I have attached to this form the class and homework assignments to be completed by the student for the period of the student's exclusion from my class.

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(Signature of Teacher)

(Date)

Was this the first time this school year that I removed the student.

Yes		No	
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If NO, provide the details of the other removal(s), including date, length of removal and the circumstances of each removal.

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Detail of the particular conduct, what I did, what I said, and what the student or others said:

Witnesses to these events:

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(Signature of Teacher)

(Date)

ROUTING: Complete immediately & hand-deliver to BOCES administrator.