

NORTHLANDS JOB CORPS CENTER  
SUMMARY OF FACT-FINDING BOARD

<b>CENTER NAME: NORTHLANDS JOB CORPS ACADEMY</b>					
<b>STUDENT'S NAME:</b>		<b>ID NUMBER:</b>		<b>REPORT DATE:</b>	
<b>DATE OF BIRTH:</b>		<b>DATE OF ENTRY:</b>		<b>RES:</b> <input checked="" type="checkbox"/> <b>NON-RES:</b> <input type="checkbox"/>	
<b>CHARGE(S):</b>		<b>STUDENT PLEA:</b>	<b>ZERO TOLERANCE:</b>	<b>LOCATION OF INCIDENT:</b>	
				<b>On Ctr</b>	<b>Off Ctr</b>
1.		G <input type="checkbox"/> NG <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.		G <input type="checkbox"/> NG <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.		G <input type="checkbox"/> NG <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.		G <input type="checkbox"/> NG <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<b>DATE OF INCIDENT:</b>		<b>ATTACHED REPORTS:</b> <input checked="" type="checkbox"/>	
<b>DESCRIPTION OF INCIDENT:</b>					
<b>SUMMARY OF FACT-FINDING BOARD HEARING:</b>		<b>ATTACH COPIES OF SIR, INCIDENT REPORT, STATEMENTS, ETC.</b>			
<b>WAS STUDENT PRESENT FOR HEARING?</b>		YES: <input type="checkbox"/> NO: <input checked="" type="checkbox"/>		<b>DATE OF HEARING:</b>	
<b>REVIEW BOARD FINDINGS:</b>	<b>GUILTY</b>	<b>NOT GUILTY</b>	<b>FACT-FINDING BOARD RECOMMENDATIONS:</b>		
CHARGE 1	<input type="checkbox"/>	<input type="checkbox"/>			
CHARGE 2	<input type="checkbox"/>	<input type="checkbox"/>			
CHARGE 3	<input type="checkbox"/>	<input type="checkbox"/>			
CHARGE 4	<input type="checkbox"/>	<input type="checkbox"/>			
<b>SIGNATURES OF FFB MEMBERS:</b> Level I requires one senior staff member; Level II requires two staff, one student.					
1.	<b>STAFF</b>	<b>DID STUDENT SUBMIT A PREPARED STATEMENT?</b> <i>check one only</i> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> REFUSED <input type="checkbox"/>			
2.	<b>STAFF</b>				
3.	<b>STUDENT</b>				
<b>CENTER DIRECTOR'S SIGNATURE:</b>	<b>TERMINATE:</b>		<b>STUDENT NOTIFIED OF RIGHT TO APPEAL?</b>		
	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>		<b>DATE MAILED:</b>
<b>TERMINATION DATE:</b>					
<b>REASON FOR MODIFICATION OF BOARD'S RECOMMENDATION:</b>					
<b>STUDENT HUMAN RESOURCE MANAGER:</b>					
<b>PRINTED NAME:</b> John F Berry			<b>SIGNATURE:</b>		