

SUMMARY OF FACT-FINDING BOARD

<b>CENTER NAME:</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 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 type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>		<input 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 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 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 require one senior staff member; Level II requires two staff, one student.							
1.		<b>STAFF</b>		<b>DID STUDENT SUBMIT A PREPARED STATEMENT? (Check one)</b>  YES <input type="checkbox"/> NO <input type="checkbox"/> REFUSED <input type="checkbox"/>			
2.		<b>STAFF</b>					
3.		<b>STUDENT</b>					
<b>CENTER DIRECTOR'S SIGNATURE:</b>		<b>TERMINATE:</b> YES <input type="checkbox"/> NO <input type="checkbox"/>		<b>STUDENT NOTIFIED OF RIGHT TO APPEAL?</b>			
		<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>		<b>DATE MAILED:</b>	
<b>Remarks:</b>							
<b>TERMINATION DATE:</b>				<b>REGIONAL APPEAL DECISION REGIONAL USE ONLY</b>			
<b>STUDENT HUMAN RESOURCE MANAGER</b>				<b>DECISION:</b>		<b>DATE:</b>	
<b>SIGNATURE:</b>				<b>SIGNATURE:</b>			