

NORTHLANDS JOB CORPS CENTER
SUMMARY OF FACT-FINDING BOARD

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