

Written Notice of Student District Hearing Committee's Decision

Student's Name _____

Meeting Date _____

Disciplinary Hearing Committee's Recommendation:

- ☐ Refer to Alternative School
 - ☐ Retain in regular education program at current school
 - ☐ Retain in Special Education program at current school
 - ☐ Attempt other interventions at Home school
 - ☐ Other
- _____
- _____
- =====

District Hearing Committee Member Approval/Disapproval

Member	Name	Signature Approval
School Principal		
School Counselor		
Classroom Teacher		
District Hearing Chair		
SPED Representative		
Other		
Other		
Other		

Please note that any interested party has five (5) working days to appeal this decision to the Superintendent. Appeals should be made in writing and should be presented to the Superintendent's office within five (5) working days of this decision.