

STUDENT SERVICES

File: JFCA-F

**TEACHER REMOVAL OF STUDENTS FROM CLASS**

<b><u>STUDENT REMOVAL FORM</u></b>	
School Name: _____	
Student: _____	
Teacher: _____	
Class: _____	
Date: _____	
Description of Behavior:          	
Administrative and/or Teacher Interventions Attempted Prior to Removal and <del>Results</del> <u>Results:</u>          	
Date of Prior Incident Reports: (Note: Prior incident reports must be attached.)          	
Signature of Teacher: _____	<u>Date:</u> _____

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Adopted: June 5, 2025

CHARLOTTESVILLE CITY SCHOOLS