

STUDENT REMOVAL FROM CLASS FORM

Name of Student: _____ Name of Teacher: _____

School: _____ Date of Request: _____

Reason for Removal Request:

Review of Interventions Attempted:

Review of Incident Reports (Copies should be attached):

Parental Involvement Efforts (Documentation should be attached):

This form is not intended as a discipline referral for a single incident.

Signature of Administrator: _____ Date: _____

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Decision/Plan by Administrator:

Date Decision Received by Teacher: _____