**STUDENT HEARING AND PLACEMENT DEPARTMENT**

**(SHPD-F003)**

**5735 47TH Avenue, Box 760**

**Sacramento, CA 95824**

**Public Line (916) 643-9425 Fax Number (916) 643-2125**

\*All Requested Information (blanks) must be completed

CENTRAL BEHAVIOR REVIEW REQUEST  VIOLATION OF CONTRACT

(*attach copy of District Behavior Contract)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| School: |  | EPAL Score: |  | DOB: |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Student Number: |  | Ethnic Code: |  | Grade: |  | Gender: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Student Name: |  | Parent/Legal Guardian Name: |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Address: |  | City: |  | State: |  | Zip Code: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Home Telephone: |  | Cellular Telephone: |  | Work Telephone: |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of SST: |  | | | | | |  | | | | | | | | |  | |
| Special Education Program: | | None | DIS | | ED | | | LD | RSP | SDC | | SH | 504 Plan:  Yes  No | If yes, date of initial plan:  *(attach copy)* | | | |
| Date of IEP:  *(attach copy)* |  | | | If an alternative placement is going to be considered, does the IEP support it?  Y  N | | | | | | | | | | | | | |
| Manifestation Determination Date:  ***Required for students who receive Special Education services***  *(attach copy)* | | | | | |  | | | | | Positive Behavior Plan or Functional Analysis:  Date Plan was recommended:  *(attach copy)* | | | | Yes  No | |  |
| “Any Student receiving Special Education services and who is being considered for a Central Behavior Review at the SHPD must have a Positive Behavior Support Plan. The plan must have been in place prior to the referral to SHPD, with sufficient time to demonstrate its effectiveness through documentation, i.e. 4-6 weeks.” | | | | | | | | | | | | | | | | | |

|  |  |
| --- | --- |
| Accumulative Days Suspended this School Year:  *(drop down field)* | Number of times Suspended this School Year:  *(drop down field)* |

|  |  |
| --- | --- |
| Education Code Violation(s) 48900:  (as indicated on latest suspension form) | (), (), () |

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| Behavior Review | Violation of Contract |
| Brief description of incident: | |

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| --- | --- | --- |
|  |  |  |

Principal or Designee (Title) Signature Date