**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.”  |

|  |  |
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| 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) | (), (), () |

|  |  |
| --- | --- |
| [ ]  Behavior Review | [ ]  Violation of Contract |
| Brief description of incident:       |

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

 Principal or Designee (Title) Signature Date