



**Student Hearing and Placement Department  
(SHPD-F013)**

**SARB Capsule Review**

Must be completed by SART Chairperson or site Administrator and brought to the SARB Hearing with 8 copies for SARB panel members.

Name of School

This information is confidential and will only be shared with SARB panel members.

Student's name:

DOB:

Date:

List relevant highlights of case (i.e. number of absences, behavior referrals, parent contacts, academic and/or attendance history). Purpose of this is to give panel members an overview of the case.

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SART Chairperson's Signature: \_\_\_\_\_