# **CHRISTIAN COUNTY PUBLIC**



**SCHOOLS** 

PHONE [270) 887 - 7000

POST OFFICE BOX 609

200 GLASSAVENUE

HOPKINSVILLE, KY. 42241

### **MEMORANDUM**

**TO: Christian County Board of Education Board Members** 

FROM: Melanie A. Barrett, Director of Pupil Personnel

**DATE: August 20, 2020** 

**RE: Notice of Suspension-Suspension Appeals Process** 

Please review the Notification of Suspension 09.434 AP.2 (pages 2-4) regarding the Suspension Appeals Process. The Christian County Board of Education is requested to review and acknowledge receipt of the Notice of Suspension-Suspension Appeals Updates.

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

# DRAFT 8/12/20

STUDENTS

09.434 AP.2

# Notice of Suspension

Student's Na	me <i>Last Name</i>	First Name	Middle Initial					
Student's Ad	dress		* City, State Zip Code					
Student's Ag	e Date of Birth	Gender * Grade *	Ethnicity *					
School *	School * Phone Numbers-Home; Work; Cell; Disconnected \[ \subseteq ; N/A \[ \supseteq ; Other:							
To:	6 P	Date:						
	e of Parent/Guardian Reasons for Suspension: The	student named above has	violated the following rule(s) or standard of conduct					
	strated the behavior described							
Reported by:	(teacher/staff name) on _	(date) at approximate	ely (time)  AM PM					
Investigated by: (administrator name) on (date) at approximately (time) $\square$ AM $\square$ PM								
This student has a disability under the following: \( \subseteq \text{N/A} \) IDEA (Individuals with Disabilities Act) \( \subseteq \text{ Section 504} \) How many prior days of suspension has the student received this year? \( \subseteq \text{ days} \)								
Suspension Da		tudent received this year?	days					
The suspension	shall start on AMI	□PM The susp	ension shall end on AM PM					
Total numbers	of days for this suspension * d		**Return to school on					
NOTE: If the d	av of suspension is not an act	ual school day (snow, ice,	etc.), the day of suspension automatically extends					
			ed on any property of the Christian County Board of					
	nay not represent the school/I							
	on for expulsion (Complete							
			e Principal/Designee may suspend the student for up					
			Principal/Designee decide to pursue expulsion, s/he					
			pecific acts committed by the student that constitute					
			uspension imposed. School officials have determined					
		tion for expulsion. The st	udent shall remain suspended as of this date					
	nmendation for expulsion.							
Due Process	s afforded to the student as av	idenced by arelary	itten notice of the charges. If the student denied the					
			nd these comments are are not on file. The					
			nission. If due process was not given, please explain:					
parent should be	and a comprehensive the	a protequione to reduit						
Conference								
Suspension is a serious manner, and I regret that it is necessary for me to take this action. A conference with you would be								
appreciated since the best interest of pupils can be served when parents/guardians and school staff work together. I can be								
reached at	for a conference when your	child returns to school.						
	Signature of Principal/Desig	rn <i>oo</i>	Date					
			message Unable to reach parent					
	Other Da	te Called: Time	Called: AM PM					
cc: Pa	rent	☐ Trans	sportation (if applicable)					
	rector of Pupil Personnel (DP	-	etor of Special Education (if applicable)					
	strict Discipline Administrato		Carrier Saucenton (in approximate)					

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### **Notice of Suspension**

#### SUSPENSION APPEAL PROCEDURES

- 1. A parent/guardian (or adult student) may appeal a suspension in writing (preferably using the Suspension Appeal Form in 09.434 AP.2) to the District Discipline Committee ("DDC") by delivering the written appeal to the Director of Pupil Personnel ('DPP") and/or the Director of Alternative Programs ("DAP") setting forth grounds for the appeal. There shall be no appeal rights for a suspension made by the Superintendent or designee of the Superintendent.
- 2. The parent/guardian or adult student shall have one (1) school day from the date of the referral to file a written appeal (using the Suspension Appeal Form in 09.434 AP.2) with the DPP and/or DAP (via email or hand-delivery) at the Central Office (200 Glass Avenue, Hopkinsville, Kentucky).
- 3. The written appeal shall identify the suspension referral being appealed, the date of the referral, and the basis of the appeal with any documentation or other items the parent/guardian/adult student believes is relevant to the appeal.
- 4. When the written appeal is received by the DPP and/or DAP, a copy of the written appeal will be delivered within one school day to the referring administrator, to the Director of Special Education (if the student has an IEP or a Section 504 Plan), and to the Superintendent.
- 5. Within one (1) school day of receiving the written appeal from the DPP or DAP, the referring administrator may, but is not required to, provide an explanation and supporting materials to the DPP and/or DAP. The written appeal and the explanation and supporting materials from the referring administrator shall constitute the record on appeal.
- 6. The DPP and/or DAP shall promptly submit the record on appeal to the DDC.
- 7. Within three (3) school days of the filing of receiving the record on appeal, the DDC shall convene to consider the appeal by reviewing the record on appeal and such other records as the DDC considers relevant to the appeal.
- 8. If the DDC determines the appeal should be denied, the DDC will issue a written statement (preferably using the Suspension Appeal Form in 09.434 AP.2) denying the appeal, which will be promptly transmitted to parent/guardian or adult student and the referring administrator by regular mail, certified mail, email, or hand-delivery.
- 9. If the DDC determines the appeal should be granted, the DDC will issue a written determination (preferably using the Suspension Form in 09.434 AP.2) granting the appeal and briefly summarizing the reasons for granting the appeal. If the DDC grants the appeal, the DDC may (1) reverse the referral and return the student to the school building from which he was suspended; or (2) remand the referral back to the referring administrator for further action consistent with the decision of the DDC.
- 10. The decision of the DDC shall be final and may not be appealed.

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# **Notice of Suspension**

#### SUSPENSION APPEAL PROCEDURES (CONTINUED)

The Suspension Appeals Committee may include, but not limited to, the following:

- Superintendent/Designee
- Assistant Superintendent
- Director of Pupil Personnel
- Director of Alternative Programs
- Director of Special Education/Designee
- Principal
- Assistant Principal
- Guidance Counselor
- Teacher
- Mental Health Professional

The Suspension School Appeals Committee must include a minimum of three (3) members.

#### STEP ONE

Appeal the suspension to the school administrator who suspended the student. Deliver or mail the appeal letter to the school within three (3) school days after the first (1st) day of the suspension.

#### STEP TWO

If the appeal is denied by the Principal, it may be appealed in writing to the District Discipline Administrator and/or the District Discipline Coordinator. The appeal must be mailed or delivered within three (3) school days of the day the response from the Principal is received. Step Two is the final step in the suspension appeal process.

If a student appeals a suspension to the building Principal, he/she may stay in ICE until the building Principal has made a decision. A student who is determined by the Principal to be a danger to himself or others or who is likely to be destructive or disruptive to the education of others and cannot continue in a safe and orderly manner shall not be allowed to attend school during the appeal process.

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**STUDENTS** 

09.434 AP.2 (CONTINUED)

# Suspension Appeal Form

Student Name				
Home Address	Phone			
School	Grade Level _			
STEP ONE DISTRICT DISCIPLINE COM	MITTEE APPEAL TO PRINCIP	AL:		
Identify the reason you are appealing the	suspension (Use additional s	sheet if necessary.)		
G. J. S. G.		D .		
Student's Signature		Date		
Parent/Guardian's Signature		Date		
	9			
<u>DISTRICT DISCIPLINE COMMITTEE</u> RESP	ONSE (USE ADDITIONAL SHI	LET IF NECESSARY.)		
☐ Appeal Approved	☐ Appeal Denie	d		
			Formatted: Font: 8 pt	
Principal's Signature  STEP TWO APPEAL TO DISTRICT DISCIPLINE ADMINISTRA	TOP/COOPDINGTOR			
Name:				
Date appeal received at this level				
RESPONSE (USE ADDITIONAL SHEET IF NECESSARY.)				
Appeal Approved	E-Anneal Denied			
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District Discipline Committee Member Adm	ministrator/Coordinator's Signature	Date	Formatted: Font: 8 pt	
			Formatted: Font: 8 pt	
District Discipline <u>Committee Member</u>		Date	Formatted: Font: 8 pt	
District Discipline Committee Member		Date		