



Date: \_\_\_\_\_

To: **REGION**

Subject: **REQUEST FOR ASSIGNMENT TO THE STUDENT SUCCESS CENTER (SSC) FOR LEVEL II  
INFRACTIONS OF THE CODE OF STUDENT CONDUCT**

**REQUEST FOR ASSIGNMENT TO THE STUDENT SUCCESS CENTER (SSC) FOR LEVEL II  
INFRACTIONS OF THE CODE OF STUDENT CONDUCT**

School Code & Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student ID: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

SPED Status (if applicable): \_\_\_\_\_

Primary Exceptionality (if applicable): \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

SCM # for Incident: \_\_\_\_\_ SPAR # (if applicable): \_\_\_\_\_

TYPE OF LEVEL II OFFENSE: \_\_\_\_\_

DESCRIPTION OF OFFENSE: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DESCRIPTION OF CORRECTIVE STRATEGIES THAT HAVE BEEN IMPLEMENTED BY THE SCHOOL TO  
ADDRESS PREVIOUS BEHAVIORS WITH THIS STUDENT: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of days being requested for assignment at the Student Success Center: \_\_\_\_\_

\_\_\_\_\_  
Print Name of Principal/Designee

\_\_\_\_\_  
Principal/Designee Signature

\_\_\_\_\_  
School Name

***Region Approval Status***

**APPROVED**

**DENIED**

Signature of Region Superintendent/Designee: \_\_\_\_\_

Name: \_\_\_\_\_