



Date: _____

To: **REGION**

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

REQUEST FOR ASSIGNMENT TO THE STUDENT SUCCESS CENTER (SSC) FOR HABITUAL 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): _____

Number of times the student has been assigned to the SSC during the academic school year: _____

TYPE OF LEVEL II OFFENSE: _____

Description Of Offense (Please note that 1st time Level II Offenses will not be accepted): _____

Please indicate from the checklist below corrective action measures implemented with the identified student prior to this incident and evident in the Student Case Management Information Screen (SCMS).

- | | |
|--|--|
| <input type="checkbox"/> Utilization of Indoor Suspension | <input type="checkbox"/> Restorative Justice Practices |
| <input type="checkbox"/> Utilization of Before/After School Detentions | <input type="checkbox"/> Conference with Parent(s) |
| <input type="checkbox"/> Utilization of Saturday School Assignment | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Utilization of Counseling Services | _____ |

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: _____