

**PROJECT P.A.C.T. CONTRACT**  
**For Students Identified for Special Education**  
**U.S.D. 500**

**PART I**

THIS PROGRAM IS DESIGNED AS AN ALTERNATIVE TO A FIRST TIME, LONG TERM SUSPENSION FOR AN ALCOHOL OR OTHER DRUG OFFENSE.

I, \_\_\_\_\_, choose to return to school under the following conditions rather than be placed on a long term suspension.

1. I will not use, possess, or otherwise be involved with alcohol or any other drug while enrolled in Project P.A.C.T.
2. I will attend, participate, and cooperate in four sessions as assigned to me by the principal or his/her designee, beginning \_\_\_/\_\_\_/\_\_\_ and ending \_\_\_/\_\_\_/\_\_\_ from 6-9 p.m., at Coronado Middle School.
3. I understand that failure to participate and/or inappropriate behavior will result in my termination from the program.
4. I understand that if an emergency arises that requires me to miss a session; it is my responsibility to contact Rosie Rodriguez the Program Specialist at Student Services (913)279-2247 within 24 hours to discuss the situation. A determination will be made at that time concerning whether or not the absence is excused. If continuation in the program is allowed the absence must be made up in terms of time and content.
5. I understand and agree to abide by the rules and guidelines as outlined. I understand that failure to complete or enter the PACT program or subsequent use and/or possession of alcohol or other drugs will result in long-term suspension. I understand that problem behavior and/or poor attitude in the sessions will result in termination from the program.
6. PACT sessions are held at the Coronado Middle School, 1735 North 64<sup>th</sup> Terrace, Kansas City, KS 66102 The entrance and parking is on the north side of the building. Please arrive at 5:45 p.m. for check in purposes.

**TERMINATION FROM THE PROGRAM RESULTS IN REFERRAL BACK TO THE INDIVIDUAL EDUCATION PLAN TEAM FOR CONSIDERATION OF IMPLEMENTATION OF THE LONG TERM SUSPENSION.**

GRADE: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_

STUDENT I.D. # \_\_\_\_\_

Number and Type of Offense: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

PRINCIPAL OR REPRESENTATIVE: \_\_\_\_\_

STUDENT: \_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(SIGNATURE)

PARENT: \_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
Parent/Guardian Telephone Number

**PART II**

I/We, \_\_\_\_\_, choose to have my/our child, \_\_\_\_\_ return to school under the conditions set forth in Parts I and II of this contract. I understand that my attendance at the scheduled sessions, along with my child, is **mandatory**. An absence on the part of the parent or student may result in termination from the program. He/She will then be referred back to the I.E.P. team for consideration of long term suspension. I understand that transportation to and from the sessions will be my responsibility. The sessions will utilize the Prime for Life curriculum, which examines perceptions of risk, attitudes and beliefs and the addiction process.

\_\_\_\_\_  
Parent Signature Date

\_\_\_\_\_  
Parent Signature Date

**Due to space limitations, it is necessary to limit attendance to the referred student and up to two adults. Please make other arrangements for younger brothers and sisters.**