

Short Term Suspension Alternative Program
CONTRACT
U.S.D. 500

PARTICIPATION IN THIS PROGRAM IS INTENDED AS AN ALTERNATIVE TO AN OUT-OF-SCHOOL
SUSPENSION.

I, _____, choose to return to school under the following conditions rather than be placed on a short-term/extended suspension.

- 1) I will attend, participate, and cooperate in 10 days of the program, as assigned to me by the principal or his/her designee, beginning ____/____/____ and ending ____/____/____. The program will be held in my own school during regular school hours.
- 2) I understand that failure to participate and/or inappropriate behavior may result in my termination from the program, and the short-term/extended suspension would go into effect.
- 3) I understand that if I have an emergency that results in an absence from school, it is my responsibility to contact the school immediately, as with all absences. A determination will be made at that time concerning whether or not the absence is excused. If continuation in the program is allowed, make up of time and content will be determined by the administration of the school.
- 4) I understand and agree to abide by the rules and guidelines as outlined. I understand that problem behavior and/or poor attitude in the classroom will result in termination from the program, again resulting in the short-term/extended suspension.
- 5) The required evening program for the Short-Term Suspension Alternative program will be held at the **Education Center – Indian Springs Shopping Center, 4601 State Ave. on Monday evening from 6-8:30 p.m. Families will be asked to enter the building through the Northeast (back) side of the mall, where the blue awning is located.**
- 6) Individual schools may have specific requirements for school work such as the **After School Program**. Your academic requirements are as follows:

7) I understand that my Family Advocate will meet with me and my family either during program participation or at the conclusion of the 10-day program.

GRADE: _____ DATE: ____/____/____ TYPE OF OFFENSE: _____

STUDENT I.D. #: _____ GENDER & ETHNICITY: _____ SCHOOL: _____

STUDENT'S HOME PHONE: _____

Required

(PRINCIPAL OR REPRESENTATIVE SIGNATURE)

I/We, _____, choose to have my/our child, _____ return to school under the conditions set forth in this contract. I understand that my attendance at the scheduled parent session, along with my child, is **mandatory**. An unexcused absence on the part of the parent or student will result in termination from the program. The suspension will take effect immediately. I understand that transportation to and from the evening session will be my responsibility. I understand and agree to the program content for both the evening session and the 10-day program at school that includes exposure to the following areas: parent/student/teacher responsibilities for successful education, behavior standards, long-term effects of continued misbehavior and dropping out of school, behavioral contracting, anger management, empathy and impulse control. I understand that disruptive behavior during any session by my child or myself will result in termination from the program.

Parent Signature Date

Parent Signature Date

Student Signature Date

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

interpretation needed (circle one) YES NO Language: _____

Spanish interpretation is provided EVERY MONDAY.