OFFICE OF STUDENT RIGHTS AND RESPONSIBILITIES:

##### DISCIPLINARY HEARING REFERRAL CHECKLIST

Complete this checklist in its entirety. Use this completed form as a cover sheet for the required documents and send to [DisciplineDocuments@philasd.org](mailto:DisciplineDocuments@philasd.org). Be sure to include the school, student name AND ID number in the subject line.

| SCH# | SCHOOL NAME | NETWORK | STUDENT NAME | STUDENT ID# | GR | DOB |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
| DATE OF INCIDENT(S) | | | INCIDENT CONTROL # | | | |
| ☐ General Ed    ☐ Special Ed    ☐ 504 Plan     ☐ ELL | | | Language Interpreter needed? ☐Yes   ☐ No | | | |
| Is the student in a Hospital Setting?   ☐ Yes  ☐ No | | | Is the student in a Juvenile Facility? ☐ Yes  ☐  No | | | |

| **CHECKLIST:**  **DOCUMENTS INCLUDED** | **INDICATE**  **DATE** | **REQUIRED DOCUMENTS (SCAN)** |
| --- | --- | --- |
| ☐ |  | Notice of Suspension to Parent **Form OSR-3** |
| ☐ |  | Parent Conference Letter (Signed and Dated): Did a parent participate? ☐ Yes ☐ No **Form OSR-4** |
| ☐ |  | Witness Statements (All Involved Parties; Signed and Dated)  **Form OSR-5** |
| ☐ |  | BPR Worksheet & Results (for Gen Ed, ELL, or Gifted students only) **Forms OSR-6 & OSR-7** |
| ☐ |  | Evidence from Incident Attached (Medical Report, Photographs, Receipts for damages etc.) |
| ☐ |  | Evidence of School Based Interventions Attached (RTII - Level 1☐, 2☐, 3☐ ) |
| ☐ |  | AEDY Referral Packet |
| ☐ |  | Student Assistance Program (SAP) Referral Form |
| ☐ |  | SAP Parent/Guardian Consent Form (Sign and date as witness if parent refuses) **Form OSR-8** |
| **CHECKLIST:**  **DOCUMENTS INCLUDED** | **INDICATE**  **DATE** | **504/SPED ONLY: ADDITIONAL DOCUMENTS (Easy IEP)** |
| ☐ |  | Invitation to Participate in Manifestation Determination Meeting |
| ☐ |  | Manifestation Determination Meeting: Did a parent attend? ☐ Yes ☐ No  Did the parent receive a Procedural Safeguards Notice? ☐ Yes ☐ No |
| ☐ |  | Permission to Evaluate/Re-Evaluate (PTE or PTRE) (most recent) |
| ☐ |  | Most recent Evaluation Report (ER) |
| ☐ |  | Evaluation Report (ER) (containing most recent Psychological Testing) |
| ☐ |  | Individualized Education Program (IEP) (Existing/Implemented at time of incident(s)) |
| ☐ |  | Functional Behavior Assessment (FBA)  Did they exist at the time of incident(s)? ☐ Yes ☐ No |
| ☐ |  | Behavior Plan  Were they revised/added since the date of incident(s)? ☐ Yes ☐ No |
| ☐ |  | Notice of Recommended Educational Placement/Prior Written Notice (NOREP/PWN) (Existing at the time of the incident(s)) |
| ☐ |  | Notice of Recommended Educational Placement/Prior Written Notice (NOREP/PWN) (Indicating the proposed disciplinary action) |
| **Special Education Liaison (Print Name):** | | |

| **The signature of the Principal or Designee confirms the accuracy of all information provided above: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | **(PRINCIPAL OR DESIGNEE’S SIGNATURE)** |  |  |  |  |