

**BOSTON PUBLIC SCHOOLS**  
**Request for Review: Long-Term Suspension, Indefinite Suspension,**  
**Disciplinary Transfer/Alternative Program Placement, or Expulsion of a**  
**STUDENT WITH DISABILITIES**

TO: \_\_\_\_\_, *Operational Leader*  
FROM: \_\_\_\_\_, *Principal / Headmaster*  
\_\_\_\_\_, *School*  
SUBJECT: *Student* \_\_\_\_\_ *Student #* \_\_\_\_\_  
DATE: \_\_\_\_\_

- I am requesting that you review my recommendation for a **long-term suspension** or **indefinite suspension** of the student named above for a violation of Section(s) \_\_\_\_\_ of the *Code of Conduct*.
- I am requesting that you review my recommendation for an **alternative program placement (secondary level)** of the student named above for repeated violation of Section(s) \_\_\_\_\_ of the *Code of Conduct*.
- I am requesting that you review my recommendation to **expel** the student named above for a violation of Section(s) \_\_\_\_\_ of the *Code of Conduct*.
- I am requesting that you review my recommendation **not to expel** the student named above for a violation of Section(s) \_\_\_\_\_ of the *Code of Conduct*.

**Included with this request are all relevant documents, as required by the Code:**

- \_\_\_\_\_ Sign-in Hearing form (Attachment 4.4)
- \_\_\_\_\_ Cover Memo
- \_\_\_\_\_ Notification of Disciplinary Hearing (Attachment 3.1)
- \_\_\_\_\_ Notification of Expulsion Hearing (Attachment 3.3)
- \_\_\_\_\_ Notification of Hearing for Indefinite Suspension: Felony Complaint (Attachment 3.4)
- \_\_\_\_\_ Notification of Hearing for Expulsion: Felony Conviction (Attachment 3.5)
- \_\_\_\_\_ Notification of Suspension (Attachment 3.6 or 3.7)
- \_\_\_\_\_ Notification of Long-Term Suspension (Attachment 3.8)
- \_\_\_\_\_ Notification of Disciplinary Transfer: Elementary School Student (Attachment 3.10)
- \_\_\_\_\_ Notification of Assignment to Alternative Program Middle School or High School Student (Attachment 3.11)
- \_\_\_\_\_ Log of Behaviors (alternative program only) (Attachment 4.5)
- \_\_\_\_\_ Academic Standing Report
- \_\_\_\_\_ Notification of Interim Alternative Educational Setting (Attachment 3.15)
- \_\_\_\_\_ Notification of Proposed Suspension for More than Ten Cumulative Days in the School Year: Student with Disabilities (Attachment 3.16)
- \_\_\_\_\_ Notification of Expulsion: Student with Disabilities (Attachment 3.17)
- \_\_\_\_\_ Accident Reporting and Treatment Form (if violation is under Section 7.2)
- \_\_\_\_\_ Drug analysis report (if violation is under Section 7.4)
- \_\_\_\_\_ Records from Counseling & Intervention Center
- \_\_\_\_\_ Full, accurate address, including apartment number
- \_\_\_\_\_ Copy of student report card and an unofficial transcript (Cumulative Record)
- \_\_\_\_\_ Audio tape of the hearing

**In addition please provide the following:**

- \_\_\_\_\_ Memo or letter stating the date the Team met to consider the incident
- \_\_\_\_\_ Manifestation Determination Format
- \_\_\_\_\_ Functional Behavioral Assessment
- \_\_\_\_\_ Log of Suspension
- \_\_\_\_\_ Alternative Plan/Amendment signed by the parent

*I certify that all the required documents are included and that the information provided is accurate. I further certify that all effort has been made to obtain a current and accurate mailing address and telephone number for the student named above. I understand that if Safety Services is unable to obtain the parent signature, the notification letter will be returned to the school for delivery to the parent.*

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_  
*Assistant Program Director/Special Education* *Principal / Headmaster*