



**Hastings and Prince Edward
District School Board**

FORM F378-5

Adopted	January, 2010
Last Revised	
Review Date	January, 2015

**ALTERNATIVE SUSPENSION
PROGRAM
STUDENT ACTION PLAN**

STUDENT: **GRADE:** **SCHOOL:**

PRINCIPAL: **SCHOOL PHONE NUMBER:**

CLASSROOM TEACHER(S):

SPECIAL NEEDS STUDENT **Yes:** **No:** **Identification:**

RESOURCE TEACHER/ISEH:

INVOLVEMENT WITH SCHOOL CYC **Yes:** **No:**

REASON:

CHILD & YOUTH COUNSELLOR:

REASON FOR SUSPENSION:

LENGTH OF SUSPENSION **Total Number of Days:**

Start Date: **End Date:**

PROGRESSIVE DISCIPLINE (steps taken prior to the suspension, if applicable)

- 1.
- 2.
- 3.
- 4.

OTHER DISCIPLINE MEASURES IMPOSED (in addition to the suspension, if applicable)

- 1.
- 2.

OTHER DISCIPLINARY ISSUES (identified by school staff)

- 1.
- 2.
- 3.

LEARNING OR OTHER NEEDS (contributing to the inappropriate behaviour)

- 1.
- 2.
- 3.
- 4.

PROGRAMS OR SERVICES TO SUPPORT LEARNING OR OTHER NEEDS (counselling programs, agency services, IEP learning supports)

- 1.
- 2.
- 3.

ACADEMIC PROGRAM

Goals for Academic Program (attendance, learning skills, work completion, seeking assistance, engagement)

- 1.
- 2.
- 3.

Program To Be Addressed (subjects, unit/lessons)

IEP Accommodations & Modifications (including specialized learning materials)

Assessment of Student Learning (how and when completed school work will be returned to the classroom teacher for assessment)

**Program materials delivered by _____
to the Alternative Suspension Program.**

NON ACADEMIC (COUNSELLING) PROGRAM & SERVICES (if applicable)

Focus Area for Counselling

Goals for Counselling Program

- 1.
- 2.
- 3.

Programs & Resources (if already being accessed)

RE-ENTRY MEETING DATE (principal and identified school staff, as well as the parent and student meet with Alternative Suspension Program Team to review student's progress in the program and determine re-entry steps)

Date: _____ **Time:** _____ **Location:** _____

PRINCIPAL SIGNATURE: _____ **DATE:** _____

PARENT SIGNATURE: _____ **DATE:** _____

Parents and the Alternative Suspension Program team should receive a copy of the SAP. A copy of the SAP will be stored in the OSR until determined no longer conducive to the improvement of the student. A copy of the SAP should be stored at the Alternative Suspension Program for the school year.