OUT-OF-SCHOOL SUSPENSION
EDUCATION PLAN

STUDENT NAME: __________________________________________________________________________

PARENT/GUARDIAN NAME: __________________________________________________________________

ADDRESS: __________________________________________________________________________________

GRADE: _______________ SCHOOL: ____________________________________________________________

DESCRIBE IN DETAIL THE OFFENSE THAT THE SCHOOL ALLEGES WAS COMMITTED BY THE
STUDENT:

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

WHICH OF THE FOLLOWING DESCRIBES THE OFFENSE:

_____ Violation of a school regulation

_____ Immorality

_____ Adjudication of a nonviolent offense as defined by 57 O.S. §571

_____ Possession of an intoxicating beverage or low-point beer

_____ Possession of a wireless communication device

_____ Possession of missing or stolen property suspected to have been taken from a student, a school employee, or
the school during school activities

IS THE PROPOSED SUSPENSION FOR LESS THAN SIX (6) DAYS? Yes _____  No _____
(If so, the district is not required to provide an education plan)

WHAT IS THE LENGTH OF THE PROPOSED SUSPENSION?
(The suspension cannot be for longer than the remainder of the current semester and the next succeeding semester.)
OUT-OF-SCHOOL SUSPENSION, EDUCATION PLAN (Cont.)

WHAT ALTERNATIVE IN-SCHOOL PLACEMENT OPTIONS WERE CONSIDERED?

_____ Alternative education setting
_____ Reassignment to another classroom
_____ In-school Detention
_____ Other (describe): ___________________________________________

WHY DID THE SCHOOL OR THE DISTRICT ADMINISTRATION DETERMINE THAT THESE ALTERNATIVE IN-SCHOOL PLACEMENT OPTIONS WERE NOT APPROPRIATE FOR THE STUDENT?

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____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

HAS THE STUDENT APPEALED THE DECISION? YES _____ NO _____
IF SO, HAS A FINAL DETERMINATION BEEN MADE AS TO THE STUDENT'S SUSPENSION?

____________________________________________________________________________________________
____________________________________________________________________________________________

STUDENT’S CORE SUBJECTS:    TEACHER:

1. _____________________________    _____________________________

2. _____________________________    _____________________________

3. _____________________________    _____________________________

4. _____________________________    _____________________________

5. _____________________________    _____________________________

HOW WILL THE STUDENT’S ASSIGNMENTS BE PROVIDED TO THE PARENT?

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____________________________________________________________________________________________
OUT-OF-SCHOOL SUSPENSION, EDUCATION PLAN (Cont.)

HOW OFTEN WILL THE STUDENT BE PROVIDED HOMEWORK TO COMPLETE?

____________________________________________________________________________________________
____________________________________________________________________________________________

HOW OFTEN WILL THE STUDENT BE EXPECTED TO RETURN HOMEWORK ASSIGNMENTS?

____________________________________________________________________________________________
____________________________________________________________________________________________

HOW WILL THE PARENT RETURN THE STUDENT'S HOMEWORK ASSIGNMENTS TO THE SCHOOL?

____________________________________________________________________________________________
____________________________________________________________________________________________

HOW WILL THE STUDENT BE GIVEN CREDIT FOR WORK THAT IS SATISFACTORILY COMPLETED?

____________________________________________________________________________________________
____________________________________________________________________________________________

IS THE STUDENT ON AN I.E.P.? If so, are the services provided in the education plan under IDEA being met in this education plan? If not, what additional services will need to be provided to meet the I.E.P.?

____________________________________________________________________________________________
____________________________________________________________________________________________

IN WHAT EXTRACURRICULAR ACTIVITIES IS THE STUDENT INVOLVED?

____________________________________________________________________________________________
____________________________________________________________________________________________

DOES THE DISTRICT PLAN TO ALLOW THE STUDENT TO PARTICIPATE IN ANY OF THE ABOVE LISTED ACTIVITIES? YES _____ NO _____ If so, are there any restrictions on the activities and what are they?

____________________________________________________________________________________________
____________________________________________________________________________________________
OUT-OF-SCHOOL SUSPENSION, EDUCATION PLAN (Cont.)

WHAT STEPS HAS THE SCHOOL TAKEN IN THIS EDUCATION PLAN TO PROVIDE FOR THE EVENTUAL REINTEGRATION OF THE STUDENT INTO THE SCHOOL?

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____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

THE PARENT(S) OR LEGAL GUARDIAN(S) HAS BEEN NOTIFIED OF THE RESPONSIBILITY TO PROVIDE A SUPERVISED, STRUCTURED ENVIRONMENT IN WHICH THE PARENT OR GUARDIAN MUST PLACE THE STUDENT AND BEAR RESPONSIBILITY FOR MONITORING THE STUDENT’S EDUCATIONAL PROGRESS UNTIL THE STUDENT IS READMITTED INTO SCHOOL AND HAS BEEN PROVIDED A COPY OF THIS EDUCATION PLAN AS FOLLOWS:

1. By hand-delivering a copy of this plan to the parent/guardian on the _____ day of _______________ , ____.  
   Signature of person delivering the education plan to the parent or legal guardian.

____________________________________________________________________________________________

2. By certified mail, return receipt requested, on the _____ day of _____________________________ , ____.  

3. By other means (identify): _____________________________

____________________________________________________________________________________________

Principal or Superintendent  Date

__________________________________________  Date

Student

Parent or Legal Guardian  Date

Adoption Date:  Revision Date(s):  Page 4 of 4