

# Classroom Removal Process Form

This form must be completed when intending to remove a student who is substantially disruptive of the classroom educational process only. For other discipline, follow the school's ladder of referral.

<b>*Event Date:</b> _____/_____/_____(mm/dd/yy)	<b>*Student OSIS #:</b> _____
<b>*Student's Last Name:</b> _____	<b>*First Name:</b> _____
<b>*Official or Subject Class:</b> _____	<b>*Grade:</b> _____

<b>Special Education Classification and IEP; BIP; or 504 Accommodation Plan:</b>
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<b>* Teacher Measures Previously Taken:</b>	
Dates(s):	Dates(s):
<input type="checkbox"/> Warning to Student _____	<input type="checkbox"/> Classroom Measures _____
<input type="checkbox"/> Student Conference _____	<input type="checkbox"/> Parent Contact _____
<input type="checkbox"/> Guidance Referral _____	<input type="checkbox"/> Prior Removal(s) _____

**Description of event:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Location:** \_\_\_\_\_  
Give factual account and indicate how the student's behavior substantially disrupted the class or substantially interfered with the teacher's authority.)

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**Teacher's educational plan for student during period of removal (class work, homework, etc.):**

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Teacher's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: \_\_\_\_\_

<b>FOR USE BY THE PRINCIPAL ONLY</b>	
<b>*Number of days of removal:</b> _____	<b>*Set Aside (circle one)</b> Yes    No
<b>Date:</b> _____	<b>Principal's Name</b> _____
<b>Principal's Signature</b> _____	
<b>Comments:</b> _____	

\* This information designated with an asterisk is required for SOHO entry.