



Suspension Checklist

School: _____

Date: _____

Name of Student: _____

Homeroom/Grade: _____

Does this student have an IPP? Yes _____ No _____ Code _____
Is there a behavioural plan? Yes _____ No _____

___ Circumstances of suspension:

Suspension recommended by teacher? No _____
Yes _____ Name of Teacher _____
_____ Recommendation attached

___ Parents/caregiver contacted by telephone to advise of suspension:
Date: _____ Time: _____
Person Contacted: _____ By Whom: _____

___ Written notice supplied to parent:
___ Yes Method of Delivery: _____
(Registered mail or hand delivery necessary if no telephone contact made to parent/caregiver.)

___ Meeting with parent:
___ Recommended and scheduled for _____
___ Not required

___ Recommended to attend the meeting:
Teacher _____ Guidance Counsellor _____
Special Education Teacher _____ Behaviour Specialist _____
FNMI Liaison _____ Other: _____

___ Extended suspension (> 5 days) or recommendation for expulsion
Director Notified On: _____ Not required

___ Dates of suspension: _____

___ Number of days suspended to date this year (including this suspension): _____

___ Copy of Notice of Suspension forwarded to Student Services Office

___ Transportation Department notified ___ Yes ___ N/A

Date

Principal's /Designate's Signature

c.c. PHRD Student Services
Student Cumulative File