

## **Check list for the Recommendation of Long-Term Suspension**

**Student Name:** \_\_\_\_\_

**School:** \_\_\_\_\_

- \_\_\_\_\_ **OSS paper yellow copy (School Discipline Referral Form)**
- \_\_\_\_\_ **OSS computer printout (Report of Out-of-School Suspension Form)**
- \_\_\_\_\_ **Recommendation for Long-Term Form**
- \_\_\_\_\_ **Attached Long-Term Suspension Notice to OSS Report**
- \_\_\_\_\_ **Crime and Violence Form (If Applicable)**
- \_\_\_\_\_ **NCWISE Discipline Report**
- \_\_\_\_\_ **Attendance Report**
- \_\_\_\_\_ **Transcript and Current Report Card**
- \_\_\_\_\_ **Manifestation Determination (If Applicable)**
- \_\_\_\_\_ **List of the number of times the student has been counseled with dates**
- \_\_\_\_\_ **Additional statements of witnesses**
- \_\_\_\_\_ **Parents informed about “Lose control / Lose your license” (if applicable)**
- \_\_\_\_\_ **Parents informed about appeals process for long term suspension and “Lose control / Lose your license” (if applicable)**
- \_\_\_\_\_ **Signed Contract of Agreement for Tobacco/Drug Awareness Class (if applicable).**

**Administrator’s signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Principal’s signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_