



Recommendation to Modify a DHA Decision—Page 1

Form should be sent to Superintendent, Executive Director of School Leadership and Director, Pupil Services before student's last day prior to break.

Student Name: _____ DOB: (MM/DD/YY) _____

School: _____ Grade: _____ Age: _____

Parent/Guardian Name: _____

Parent/Guardian Phone Number: _____

Date Enrolled at SCA: _____ Date Suspension Ends: _____

Describe student's behavior resulting in long term suspension/assigned to SCA:

State the justification for this recommendation: (Attach student's Point Chart and Behavior Intervention Plan)

Number of assigned restrictions since arriving at SCA: _____

Number of suspensions since arriving at SCA: _____

Explanation of student discipline issues since arriving at SCA:



Recommendation to Modify a DHA Decision- Page 2

Student Name: _____

Subject	Current % Grade	Subject	Current % Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Days enrolled at SCA: _____

Days Present: _____

Days Absent: _____

Number of Unapproved days absent: _____

SCA Principal Signature: _____ Date: _____

Superintendent Recommendation: (Check One) Approved Denied

Superintendent's Signature: _____ Date: _____

To be completed by Pupil Services

Student's parents have been notified: (Check One) Yes No Date: _____

Home School Administration notified: (Check One) Yes No Date: _____

Name of person notifying Parents and Home School Administration: _____

Date: _____