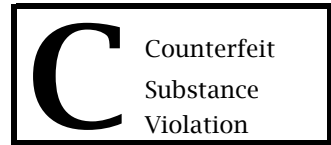


# Jordan School District

Student Intervention Services • 7387 S. Campus View Drive, West Jordan, UT 84084-5500  
**Counterfeit Substance Violation**



Date of violation \_\_\_\_\_ Grade \_\_\_\_\_ Return Date \_\_\_\_\_  
 School \_\_\_\_\_ Administrator \_\_\_\_\_  
 Student's Name \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ Race \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Student # \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Father \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_  
 Mother \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_

**Description of Board Policy violation resulting in this referral (specify substance):**  
 \_\_\_\_\_

Was this incident gang-related? Yes No Unknown

**Please attach student Statement**

USE, POSSESSION			SHARING, SELLING, DISTRIBUTING		
<u>VIOLATION</u>	<u>1st Offense</u>	<u>2nd Offense</u>	<u>1st Offense</u>	<u>2nd Offense</u>	<u>3rd Offense</u>
Counterfeit Substances	Parent Meeting	10-day A.E.P. Or 1st Offenders Class	First Offenders	10-day A.E.P.	45-day A.E.P. and Referral for Assessment

### Special Education Services

Is this student receiving Special Education services? (If no, leave the next three items blank.) Yes No  
 Has the Special Education team made a Manifestation Determination? Yes No  
 Was the behavior a manifestation of the student's disability? Yes No

Policy AS90 has been reviewed Yes No  
 Consequences for subsequent violations have been discussed Yes No  
 The Right of Appeal has been explained and handed to parent Yes No  
**Referral for Assessment must be completed if third offense**

\_\_\_\_\_  
 Student Parent/Guardian School Official  
 \_\_\_\_\_  
 Date Date Date