Jordan School District



Student Support Services, 7387 S. Campus View Drive, West Jordan, Utah 84084 Medication Substance Violation

Date of Violation				Return Date			
School				Administrator			
Student's Name				Gender		Ethnicity	
Date of Birth				Grade		Student ID	
Address				City		Zip	
Father/Guardian				Home Phone		Work Phone	
Mother/Guardian				Home Phone		Work Phone	
Description of Board P	olicy viola	ation resulti	ng in this refe	rral (sp	ecify substance):		
Was this gang-related? Yes No Unk				wn	Interpreter Needer Language	d? Yes	No
Use, Possession					Sharing, Selling, Distributing		
Violation 1st Of		ffense 2nd Offe			1st Offense	2nd O and Subseque	
	In excess of a 12-hour dosage.		In excess of a 12-hour dosage.		Subsequent violations may be subject to additional interventions including (but not limited to) those listed under "Illegal Substances".		
Prescription Medications	Suspension to Parent Conference		Suspension to Parent Conference AND 1st Offenders Class		Suspension to Parent Conference	Suspension to Parent Conference AND 1st Offenders Class	
Over-the- Counter Medications	Suspension to Parent Conference		Suspension to Parent Conference		Suspension to Parent Conference	Suspension to Parent Conference AND 1st Offenders Class	
						V	NI.
Special Education Services		Is this student receiving Special Education services? Has the team completed a Manifestation Determination?			Yes Yes	No No	
504 Accommodations		Has the team completed a Manifestation Determination?				Yes	No
Policy AS90 has been rev	iewed:					Yes	No
Consequences for subsequent violations have been discussed:						Yes	No
The Right of Appeal document has been explained and handed to parent/guardian:						Yes	No
Referral for Assessment has been completed:						Yes	No
Student	Parent/Guardian			School Off	icial		
Date		Date			Date		