

Jordan School District

Student Intervention Services • 7387 S. Campus View Drive, West Jordan, UT 84084

Medication Substance Violation



Date of violation _____	Return date _____
School _____ Grade _____	Administrator _____
Student's name _____	M F Race _____
Date of birth _____	Student # _____
Address _____	City _____ Zip _____
Father _____	Home phone _____ Work phone _____
Mother _____	Home phone _____ Work phone _____

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

Was this incident gang-related? yes no unknown Interpreter Needed? yes no

Please attach student statement. Language _____

VIOLATION	1st Offense	2nd Offense	3rd Offense	1st Offense	2nd Offense
	• Use • Possession	• Use • Possession	• Use • Possession	• Sharing • Selling • Distributing	• Sharing • Selling • Distributing
	In excess of an 8-hour dosage	In excess of an 8-hour dosage	In excess of an 8-hour dosage		
PRESCRIPTION MEDICATIONS	Suspension to Parent Conference	10-day A.E.P. or 1st Offenders Class	45-day A.E.P. and Referral for Assessment	45-day A.E.P. and Referral for Assessment	180-day A.E.P. 45-ayA.E.P. Special Education and Referral for Assessment
OVER-THE-COUNTER MEDICATIONS	Suspension to Parent Conference	10-day A.E.P. or 1st Offenders Class	45-day A.E.P. and Referral for Assessment	Suspension to Parent Conference	45-day A.E.P. and Referral for Assessment

Special Education Services		
Is this student receiving Special Education services?	Yes	No
Has the Special Education team completed a Manifestation Determination?	Yes	No
504 Accommodations		
Has the team completed a Manifestation Determination?	Yes	No
Policy AS90 has been reviewed	Yes	No
Consequences for subsequent violations have been discussed	Yes	No
The Right of Appeal document has been explained and handed to parent	Yes	No
Referral for Assessment has been completed	Yes	N/A

Student _____	Parent/Guardian _____	School Official _____
Date _____	Date _____	Date _____