

Jordan School District

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

Illegal
Substances
Violation

Illegal 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 _____

USE, POSSESSION		SUBSEQUENT OFFENSE		SHARING, SELLING, DISTRIBUTING	SUBSEQUENT OFFENSE
<u>VIOLATION</u>	<u>1st Offense</u>	<u>2nd Offense</u>	Any Offense Involving Illegal Drugs, Alcoholic Beverages, Psychotoxic Substances or Rx Meds containing any quantity of controlled substances listed in UC §58-37-4 after a 45-day sanction has been imposed	<u>1st Offense</u>	Any Offense Involving Illegal Drugs, Alcoholic Beverages, Psychotoxic Substances or Rx Meds containing any quantity of controlled substances listed in UC §58-37-4 after a 45-day sanction has been imposed
ILLEGAL DRUGS ALCOHOLIC BEVERAGES PSYCHOTOXIC SUBSTANCES PRESCRIPTION MEDICATIONS (Containing any quantity of controlled substances listed in Utah Code §58-37-4)	10-day A.E.P. or 1st Offenders Class	45-day A.E.P. and Referral for Assessment	180-day A.E.P. 45-day A.E.P. Special Education and Referral for Assessment	45-day A.E.P. and Referral for Assessment	180-day A.E.P. 45-day A.E.P. Special Education and Referral for Assessment

Law Enforcement Officer _____ Agency _____
 Action taken _____ Case Number (if possible) _____

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 _____