

DAEP/JJAEP CONFERENCE/HEARING REPORT

School: _____ Student: _____

Incident Date: _____ Student No.: _____

On _____, a removal conference was held to consider all relevant facts regarding general misbehavior and/or the alleged offense(s) that can result in an assignment to a Disciplinary Alternative Education Program (DAEP) or an expulsion to the Juvenile Justice Alternative Education Program (JJAEP).

___ A manifestation determination was held (if student receives Special Education or 504 services) and it was determined that the behavior _____ is _____ is not a manifestation of the disability.

DATE OF NOTICE to STUDENT and PARENT/GUARDIAN: _____

IN ATTENDANCE:

Chairing the Conference _____
Student _____
Parent(s)/Guardian _____
Others: _____

The Removal Conference was convened because of the following misbehaviors and/or alleged offense(s):

The school administration's supporting information regarding the alleged offense(s) [the following should be a concise description of the administration's basis for considering a removal]:

The following factors were considered in making a final determination:

- Seriousness of the offense
- Student's age/maturity
- Intent or lack of intent to commit a serious offense
- Student's disciplinary history
- State Law Requirements
- Self-defense as a mitigating factor
- Disabilities that may impede the student from understanding the severity of the action(s)

Parent/Student's Response to the Offense(s) and Evidence/Supporting Data

The student admitted to the alleged offense(s): Yes _____ No _____

Significant statement(s) made by the student and parents are as follows:

ADDITIONAL NOTES:

CONFERENCE OUTCOME CHECKLIST

Interventions	√	COMMENTS
Teacher/team conference with student		
Conference/Consultation/problem solving with parents/guardians		
Detention(s)		
Suspension(s) out of school		
Suspension(s) in-school		
Referral to a DAEP		
Expulsion to JJAEP		
Referral to community agency		
Referral to Law Enforcement		

Referral to counselor		
Referral to attendance specialist		
Referral to Drug Counselor		
Referral to Gang Task Force		
Other:		

PEIMS REASON CODE: _____ PEIMS: ACTION CODE(S): _____

Principal/designee: _____ Date: _____