



Compton Unified School District
 Pupil Services Department
 417 W. Alondra Blvd.
 Compton, CA 90220
 Telephone: (310) 639-4321, ext. 63044
 Fax: (310) 763-5971

Please indicate: DAHP DGRC

District Disciplinary Action Referral Form
*(Packet must be completed and submitted within 5 days of incident.)**

School			
Student's Name		Student's Perm ID#	
D.O.B.	Grade	Gender	Ethnicity
Parent/Guardian		Primary Language	<input type="checkbox"/> Yes <input type="checkbox"/> No Translation Needed
Address			Apt. #
City		State	Zip Code
Home Phone Number	Cell Phone Number	Work Phone Number	
Probation Officer		Telephone Number	

Student's Program: Regular Education Special Education ELL GATE Section 504

CHECKLIST OF REQUIRED SUPPORTING DOCUMENTS
(Must have all supporting documents attached before submitting packet.)

- Incident Report
- Incident Statements
- Witness Statement
- Sworn Declaration of Witness
- Notice of Suspensions & "Student Suspension Status" Parent/Guardian Letter
- Discipline Reports (Assertive & Discipline Files)
- Student Work & Attitude Reports (All assigned teachers)
- Counseling and Intervention Reports (Eagle System Information only)
- Attendance Records
- Academic Progress Report/Current Grades
- Transcripts (HS only)
- Test Scores
- Photo of Evidence (if available)

Additional Attachments for Special Education and Section 504 Students (Must be attached to packet):

- Manifestation Determination (Special Education Students with an IEP)
- Manifestation Determination (Students with a Section 504 Plan)

Note: This referral is time-sensitive. Please *hand-deliver* the entire packet to the Pupil Services Department at 2300 W. Caldwell St., Room E-4. *Packet must be completed and submitted within 5 days of incident.

Principal's Signature	Date
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Incident Report

School: _____ Report Date: _____

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

Report taken and completed by: _____

Name of persons Involved:

Victim(s)	Assailant(s)	Witness(es)
V1 _____	A1 _____	W1 _____
V2 _____	A2 _____	W2 _____
V3 _____	A3 _____	W3 _____
V4 _____	A4 _____	W4 _____

Describe what happened (Circumstances of the incident):

Response to Incident (action steps taken):

- Site Administrator Notified: _____ Date/Time: _____
- Parent/Guardian Notified? Yes No How? _____
- Telephone #: _____ Conference Date: _____ Mail Date: _____
- Was Police Notified: Yes No Report No.: _____
- Was 911 called? Yes No
- Behavioral Emergency Report completed (Special Ed.)?: Yes No N/A

_____ Signature of person completing this form	_____ Date	_____ Time
_____ Signature of Site Administrator	_____ Date	_____ Time

Copies must be sent to the respective Operations Division and to Pupil Services Dept. within 24 hrs.

WITNESS STATEMENT

Information of the person completing the form:

 Last Name First Name Middle Name

School/Office Site: _____

Are you? Student ID#: _____ Parent Staff (position): _____

Your involvement? I'm the victim I'm the accused I'm a witness
 I helped deal with the incident

Please include the following information, where applicable, regarding the incident:

1. Note the date and time of the incident.
2. Describe the location where the incident took place.
3. Describe, in the order of events, what you experienced, heard or witnessed.
4. Describe, how you were involved in the incident.
5. Note any physical injuries.
6. List any other witness names and/or physical description.

I declare under penalty of perjury that the information provided on this form is accurate and true.

 Signature of Witness

 Date

 Name of person receiving the statement

 Date



COMPTON UNIFIED SCHOOL DISTRICT NOTICE OF SUSPENSION

Administrative Suspension Teacher Suspension

Date: _____ School: _____ Date of Incident: _____

Student Name	Student ID#	DOB	Grade	Gender	Race/Ethnicity
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Parent/Guardian Name	Address	Telephone
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Student's Program: Regular Ed: Special Ed: Yes No Sec. 504: Yes No ELL: Yes No
 Number of school days suspended for this incident: _____ Return date pending: DAHP DGRC
 Start Date/Time Leaving School: _____ End Date/Time Returning to School: _____
 Total cumulative days of suspension for this school year: _____ Student Released to: _____

Please Note: During the time of the suspension, your child may not be on any school campus in the Compton Unified School District or attend any school events or activities. Violation of suspension rules can result in an arrest by the Police Department.

REASON FOR SUSPENSION: Your child is being suspended for violation of 48900 section(s) of the CA Education Code:

- a.1 Caused, attempted to cause, or threatened to cause physical injury to another person.
- a.2 Willfully used force or violence upon the person of another, except in self-defense.
- b. Possessed, sold or otherwise furnished any firearm, knife, explosive or other dangerous object.
- c. Unlawfully possessed, used, sold, or otherwise furnished, or been under the influence of, a controlled substance, alcohol or intoxicant.
- d. Unlawfully offered, arranged or negotiated to sell a controlled substance, alcoholic beverage, or an intoxicant of any kind, and either sold, delivered, or otherwise furnished to a person an imitation.
- e. Committed or attempted to commit robbery or extortion.
- f. Caused or attempted to cause damage to school or private property.
- g. Stolen or attempted to steal school or private property.
- h. Possessed or used tobacco, or products containing tobacco or nicotine products.
- i. Committed an obscene act or engaged in habitual profanity or vulgarity.
- j. Unlawfully possessed or unlawfully offered, arranged, or negotiated to sell drug paraphernalia.
- l. Knowingly received stolen school or private property.
- m. Possessed an imitation firearm.
- n. Committed or attempted to commit a sexual assault or sexual battery.
- o. Harassed, threatened, or intimidated a pupil who is a complaining witness or witness in a school disciplinary proceeding.
- p. Unlawfully offered, arranged to sell, negotiated to sell, or sold the prescription drug Soma.
- q. Engaged in, or attempted to engage in, hazing.
- r. Engaged in an act of bullying but not limited to bullying by means of an electronic act as defined in Ed. Code 32261
- t. Aid or abet infliction or attempted infliction of physical injury
- 48900.2 Committed sexual harassment (Grades 4-12 only).
- 48900.3 Caused, attempted to cause, threatened to cause, or participated in an act of, hate violence (Grades 4-12 only).
- 48900.4 Intentionally harassed, threatened, or intimidated, creating a hostile educational environment (Grades 4-12 only).
- 48900.7 Made terroristic threats against school officials and/or school property or both.

EC 48915(a)(1)

- A. Causing serious physical injury to another person, except in self-defense.
- B. Possession of a knife, explosive, or other dangerous object.
- C. Unlawful possession of any controlled substance.
- D. Robbery or extortion.
- E. Assault or battery upon a school employee.

EC 48915(c)

- (c)(1) Possessing, selling, or otherwise furnishing a firearm.
- (c)(2) Brandishing a knife at another person.
- (c)(3) Unlawfully selling a controlled substance.
- (c)(4) Committing or attempting to commit a sexual assault or sexual battery.
- (c)(5) Possession of an explosive.

Explanation of the incident(s): _____

DUE PROCESS: (Education Code Section 48911)

An informal conference was held with the student prior to the suspension: Yes No

Student was informed of the reason for suspension and was given opportunity to provide an explanation: Yes No

Other means of correction attempted: Yes No **Attach Other Means of Correction documentation.**

Parent/Guardian Conference Date: _____ Time: _____ With: _____

Parent/guardian notified of suspension and parent conference by principal designee through:

Phone Mail Personal Delivery Fax Parent contacted by: _____ Date: _____

Principal/Designee (Administrative Suspensi	Date	Teacher (Teacher's Suspension)	Date
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COMPTON UNIFIED SCHOOL DISTRICT

NOTIFICACIÓN DE SUSPENSION

Suspensión Administrativa Suspensión por el maestro

Fecha: _____ Escuela: _____ Fecha del Incidente: _____

Nombre del Estudiante	ID # del Estudiante	Fecha de Nacimiento	Nivel Escolar	Género	Raza /Etnicidad
Nombre del Padre/Tutor	Domicilio		Numero de Teléfono		

Educación Regular: Sí No **Educación Especial:** Sí No **Sección 504:** Sí No **ELL:** Sí No
 Días suspendido por este incidente: _____ Fecha de inicio: _____ Fecha de regreso: _____ Días suspendido este año: _____
Sobre Aviso: Durante el tiempo de la suspensión, su hijo(a) no podrá estar en ningún plantel de la escuela del Distrito Escolar Unificado de Compton o asistir a eventos o actividades escolares. Violación de las reglas de suspensión puede resultar en un arresto por el Departamento de Policía.

RAZÓN DE LA SUSPENSIÓN: Su hijo está suspendido por violación del Código Educativo (CE) **48900:**

- a.1 Causó, intentó causar, o amenazó con causar daño físico a otra persona.
- a.2 Uso premeditado de fuerza o violencia a una persona, excepto en defensa propia.
- b. Poseyó, vendió o de otra manera equipó con cualquier arma de fuego, cuchillo, explosivo u otros objetos peligrosos.
- c. Poseyó, usó, vendió, o de otra manera suministró ilegalmente o estaba drogado con, una sustancia controlada.
- d. Ofreció ilegalmente, arregló o negoció vender una sustancia controlada, bebida alcohólica, o cualquier tipo de estupefaciente, y después vendió, proporcionó, o de otra manera suministró a otra persona una imitación.
- e. Cometió o intentó cometer robo o extorsión.
- f. Causó o intentó causar daño a la escuela o a propiedad privada.
- g. Robó o intentó robar propiedad de la escuela o propiedad privada.
- h. Poseyó o usó tabaco, o productos que contiene productos de tabaco o nicotina.
- i. Cometió un acto obsceno o estuvo involucrado en actos habituales de profanidad o vulgaridad.
- j. Poseyó ilegalmente u ofreció ilegalmente, arregló, o negoció vender bienes parafernales.
- l. Recibió a sabiendas propiedad robada de la escuela o propiedad privada.
- m. Poseyó una arma de fuego de imitación.
- n. Cometió o intentó cometer un asalto sexual o agresión sexual.
- o. Acosó, amenazó o intimidó a un alumno que es testigo en un procedimiento disciplinario.
- p. Ofreció, arregló vender, negoció vender, o vendió ilegalmente la droga Soma.
- q. Tomó parte en, o intentó tomar parte en novatadas.
- r. Tomó parte en un acto de hostigamiento.
- t. "Ayudo encubrió la causa o atento causar daño físico a otra personas."
- 48900.2 Cometió acoso sexual (Solo grados 4-12).
- 48900.3 Causó, intentó causar, amenazó con causar, o participó en un acto de violencia por odio (Solo grados 4-12).
- 48900.4 Tomó parte adrede en acoso, amenaza o intimidación, creando un ambiente educativo hostil (Solo grados 4-12).
- 48900.7 Hizo amenaza terrorista contra los oficiales escolares y/o la propiedad de la escuela.

EC 48915(a)(1)

- A. Causar herida física grave a otra persona, excepto en defensa propia.
- B. Posesión de cualquier cuchillo u otro objeto peligroso.
- C. Posesión ilegal de cualquier sustancia controlada.
- D. Robo o extorsión.
- E. Asalto o agresión contra un empleado de la escuela.

EC 48915(C)

- 1. El poseer, vender, o de otra manera equipar con un arma de fuego.
- 2. Blandir un cuchillo a otra persona.
- 3. Vender ilegalmente una sustancia controlada.
- 4. Cometer o intentar cometer un asalto o agresión sexual.
- 5. Posesión de un explosivo.

Explicación del incidente: _____

PROCESO DEBIDO: (Código de Educación Sección 48911)

Tuvo una conferencia informal con el alumno antes de asignar la suspensión: Sí No

El alumno fue avisado de la razón de la suspensión y tuvo la oportunidad de proveer una explicación: Sí No

Fueron intentados otros medios de corrección: Sí No ** Adjuntar documentación sobre otros medios de corrección.**

Fecha de la conferencia con el padre/tutor: _____ Hora: _____ Con: _____

El Padre/tutor fue notificado sobre la suspensión y conferencia por el director(a)/designado(a) a través de:

Llamada Telefónica Fax Correo Entrega Personal Fecha de notificación: _____

Firma del Administrador(a)/Designado(a)	Fecha	Firma del Maestro(a)	Fecha
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Student Suspension Status Letter*

Date: _____

To the Parents/Guardians of: _____

Dear Parents/Guardians:

As a result of our investigation of the incident and our parent conference on your child's Education Code violation that brought about his/her suspension, please be informed that:

Your child is to remain at home on extended suspensions beyond five (5) days while waiting for an expulsion hearing with the *District Administrative Hearing Panel (DAHP)* at 417 W. Alondra Blvd. **Please note:** it is your responsibility to secure the class work provided by the school during the duration of your child's suspension.

Your child is to remain home on an extended suspension. He/she will continue to do his/her work at home, unless he/she does not present a health or safety issue. If a health or safety issue is not a major concern, your child may return to school to resume his/her schooling while awaiting an informal hearing with the *District Guidance Review Committee (DGRC)* at 417 W. Alondra Blvd. **Please note:** it is your responsibility to secure the class work provided by the school during the duration of your child's suspension.

If you need additional information, please call the Principal.

Sincerely,

Principal's Signature

***Please attach a copy of the student's Suspension Notice to this letter.**



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STUDENT WORK AND ATTITUDE REPORT

(To be completed by the student's Teachers/s)

Student Name: _____ DOB: _____ Grade: _____

Teacher: _____ Subject: _____ Period: _____

1. Check only the characteristics that apply:

<input type="checkbox"/> Cooperative	<input type="checkbox"/> Leader	<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Loner
<input type="checkbox"/> Un-Cooperative	<input type="checkbox"/> Follower	<input type="checkbox"/> Aggressive	<input type="checkbox"/> Talented
<input type="checkbox"/> Courteous	<input type="checkbox"/> Immature	<input type="checkbox"/> Defiant	<input type="checkbox"/> Lazy

2. Please Comment Briefly:

Attitude toward classmates: _____

Attitude of classmates toward pupil: _____

Attitude toward school and work: _____

Attitude towards teacher and authority: _____

3. Homework:

<input type="checkbox"/> Always on time	<input type="checkbox"/> Always late
<input type="checkbox"/> Sometimes late	<input type="checkbox"/> Never turned in
<input type="checkbox"/> Usually on time	<input type="checkbox"/> Never completed

4. Grades: (For current grading period to-date)

Academic Grade: _____ Citizenship Grade: _____

5. Absences: (Total number for current semester to-date) _____

6. Tardies: (Total number for current semester to-date) _____

Additional Comments: _____

Signature of Teacher