

School Conferences: (which include Child & Parent)

Date: _____ In Attendance: _____

Out Come: _____

Date: _____ In Attendance: _____

Out Come: _____

Date: _____ In Attendance: _____

Out Come: _____

Out of School Suspensions (this school year only)

Date: _____ Infraction: _____

Description of Incident: _____

Date: _____ Infraction: _____

Description of Incident: _____

Please Answer the following question. Circle Yes Or No, and briefly explain your answer

1. *Please give a brief statement of your concerns involving the child you are currently filing on:*

2. *Briefly describe the child's current educational program (i.e., regular, advanced, learning disabled, vocational, etc.,) course load, and grade performance.*

3. *Is the child capable of functioning academically at the present grade placement? Yes/No, if not, why?*

4. *Has the school ever filed an ungovernable in school referral before on this child? Yes/No. If so, when & why?*

5. *Has this child ever been referred to the school counselor for intervention? Yes/No What was the outcome?*

6. *Are you aware of any reports (filed by parent/legal guardians) of on-going unruly behaviors in the home? Yes/No Please explain*

7. *Have there been any incidents involving the use or possession of drugs or alcohol on school premises? Yes/No, If Yes, please explain.*

8. *Has the child exhibited any anger or aggressive behavior in school? Yes/No. Has the school suggested an anger management assessment or counseling?*

9. *What plan of action do you recommend be implemented to assure the child's positive behavior in school?*

10. *Have any of the recommendations outlined in the plan above been implemented prior to filing this referral? Yes/No. If so, which ones?*

11. *What is the legal guardian/parent's attitude concerning the child's behavior in school? Have they been cooperative? Yes/No. Please explain.*

12. *What recommendations, would you propose to the court to remedy this behavioral problem?*

Should you choose to submit this filing, the court would strongly recommend your participation in this court process. Contact person for hearing:

Name: _____

Position: _____

Address:

(notice to be sent)

Phone number: _____ *Fax Number:* _____

Signature of Principal/ Asst. Principal: _____

Date: _____

*Please submit this **completed** referral to the Lorain County Juvenile Court, Attn: Probation Department, 225 Court St., Elyria, Ohio 44035. Please attach any school documentation that would best support this referral.*