Cowichan Valley School District

SCHOOL DISTRICT NO. 79 (COWICHAN VALLEY)
Suspension Incident Form

Student's Surname	Student's First Name	Aboriginal (Y/N)	Birth Date YYYY/MM/DD

Address	Phone No.

Name of Parent/Guardian

School Name	Current Grade

Specify Type of Suspension: ☐ Out of School ☐ In-School ☐ Part Day ☐ Indefinite

Indicate Length of Suspension: ☐ .5-1 Day ☐ 2 Days ☐ 3 Days ☐ 4 Days ☐ 5 Days

Referred to District Office (see below): ☐

Date of Student's Infraction: YYYY/MM/DD	1st Day Suspension Takes Effect: YYYY/MM/DD

Indicate Reasons(s) for Suspension:

☐ Illicit substance-related:
☐ Smoking/Vaping
☐ Intruder
☐ Theft
☐ Bullying/Harassment/Intimidation
☐ Other Violent Behaviours/Safety
☐ Weapon(s) _____
☐ Disruptive, disrespectful and non-compliant behavior
☐ Attendance and non-participation behaviours
☐ Inappropriate Behaviour

School has contacted parent/guardian by: ☐ Phone ☐ In Person ☐ Email ☐ Letter ☐ Registered Letter

Action(s) Taken by School:

☐ Resolved by Admin. Officer/Student
☐ Referred to School Counsellor
☐ Referred to Hospital/Homebound Service/Educational Package
☐ Referred to School-Based Team
☐ Other: _____
☐ Referred to Associate Superintendent
☐ Referred to District Board Suspension Committee
☐ Referred to &/or meeting with RCMP
☐ Referred to Outside Agency - Counselling Service

☐ Meeting with: ☐ Father ☐ Mother ☐ Parents ☐ Grandparent(s) ☐ Guardian

Comments/Recommendations of Principal/Vice-Principal:

Administrative Officer Signature YYYY/MM/DD	Do Not Write in This Space – Office Use Only
_____	

SEND ALL FORMS TO: School Board Office – education@sd79.bc.ca (Barb)