



## STUDENT ACTION PLAN Suspended Students

### ACCESSIBILITY:

To request this file in large print, please email [aoda@wcdsb.ca](mailto:aoda@wcdsb.ca) or call (519) 578-3660.

Name of Student: \_\_\_\_\_ School: \_\_\_\_\_

Student Ontario Education Number (OEN): \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### DOCUMENTATION

- Individual Education Plan (IEP): ☐ Yes (attach) ☐ No
- Behaviour Support Plan (if necessary): ☐ Yes (attach) ☐ No
- Safety Plan: ☐ Yes (attach) ☐ No

Date of Meeting: \_\_\_\_\_ Case Manager: \_\_\_\_\_

Purpose of Student Action Plan:

### SUSPENSION DETAILS

Date of Suspension: \_\_\_\_\_ Length of Suspension (days): \_\_\_\_\_

- Reason for Suspension:
  
  
- What does student need to be successful?
  
  
- Risk Factors, e.g., attendance, credit accumulation, prior history, etc.:
  
  
- Protective Factors, e.g., resilient attitude, caring adult, involvement in co-curricular, etc.:

### ACADEMIC COMPONENT FOR STUDENT ACTION PLAN

It is an expectation that a student assigned to the long-term suspension/expulsion program will complete assignments, homework, evaluations and be a positive participant in all learning activities. They will demonstrate respect for self and others and are subject to all expectations for students contained in school and Board policy.

As part of this Student Action Plan, the student will meet the following academic expectations:



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Supports in place to help student complete the work:

### NON-ACADEMIC COMPONENT OF STUDENT ACTION PLAN

(required for suspensions of 11-20 days)

In order to help the student succeed, the following will be put in place as part of their suspension/expulsion program (list agency or counsellor):

- ☐ Substance Abuse Counselling \_\_\_\_\_
- ☐ Anger Management \_\_\_\_\_
- ☐ Personal/ Family Counselling \_\_\_\_\_
- ☐ Other \_\_\_\_\_

Comments:

### SUSPENSION - COMMITMENT DECLARATION

The Suspension Commitment Declaration (Form APC012-05F) must be reviewed and signed as part of the Student Action Plan.

### REVIEW & RE-ENTRY OF STUDENT

Student Action Plan will be reviewed by (name): \_\_\_\_\_

On the following dates: \_\_\_\_\_

Progress reports to be forwarded to Principal or Designate

Re-Entry Meeting will be held on: \_\_\_\_\_

Supports upon re-entry: \_\_\_\_\_

\_\_\_\_\_  
Signature of Principal or Designate

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

#### Disclaimer

Information on this form is collected pursuant to the board's responsibilities set out in the Education Act and protected in accordance with the Municipal Freedom of Information and Protection of Privacy Act. Information on this form will be used to administer the Suspension & Expulsion Program. Questions regarding the collection of this information should be directed to the Principal.

**To be Completed by:** Principal or Designate

**Description of Use:** Copy: Suspended Student Action Plan Meeting attendees (Retention: 1 Year)