

**OUT-OF-SCHOOL SUSPENSION  
EDUCATION PLAN**

STUDENT NAME: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

GRADE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

DESCRIBE IN DETAIL THE OFFENSE THAT THE SCHOOL ALLEGES WAS COMMITTED BY THE STUDENT:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHICH OF THE FOLLOWING DESCRIBES THE OFFENSE:

- \_\_\_\_\_ Violation of a school regulation
- \_\_\_\_\_ Immorality
- \_\_\_\_\_ Adjudication of a nonviolent offense as defined by 57 O.S. §571
- \_\_\_\_\_ Possession of an intoxicating beverage or low-point beer
- \_\_\_\_\_ Possession of a wireless communication device
- \_\_\_\_\_ Possession of missing or stolen property suspected to have been taken from a student, a school employee, or the school during school activities

IS THE PROPOSED SUSPENSION FOR LESS THAN SIX (6) DAYS? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If so, the district is not required to provide an education plan)

WHAT IS THE LENGTH OF THE PROPOSED SUSPENSION? \_\_\_\_\_  
(The suspension cannot be for longer than the remainder of the current semester and the next succeeding semester.)

**OUT-OF-SCHOOL SUSPENSION, EDUCATION PLAN (Cont.)**

WHAT ALTERNATIVE IN-SCHOOL PLACEMENT OPTIONS WERE CONSIDERED?

- \_\_\_\_\_ Alternative education setting
- \_\_\_\_\_ Reassignment to another classroom
- \_\_\_\_\_ In-school Detention
- \_\_\_\_\_ Other (describe): \_\_\_\_\_

WHY DID THE SCHOOL OR THE DISTRICT ADMINISTRATION DETERMINE THAT THESE ALTERNATIVE IN-SCHOOL PLACEMENT OPTIONS WERE NOT APPROPRIATE FOR THE STUDENT?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HAS THE STUDENT APPEALED THE DECISION? YES \_\_\_\_\_ NO \_\_\_\_\_  
IF SO, HAS A FINAL DETERMINATION BEEN MADE AS TO THE STUDENT'S SUSPENSION?

\_\_\_\_\_  
\_\_\_\_\_

STUDENT'S CORE SUBJECTS:

TEACHER:

- |          |       |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |

HOW WILL THE STUDENT'S ASSIGNMENTS BE PROVIDED TO THE PARENT?

\_\_\_\_\_  
\_\_\_\_\_

**OUT-OF-SCHOOL SUSPENSION, EDUCATION PLAN (Cont.)**

HOW OFTEN WILL THE STUDENT BE PROVIDED HOMEWORK TO COMPLETE?

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HOW OFTEN WILL THE STUDENT BE EXPECTED TO RETURN HOMEWORK ASSIGNMENTS?

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HOW WILL THE PARENT RETURN THE STUDENT'S HOMEWORK ASSIGNMENTS TO THE SCHOOL?

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HOW WILL THE STUDENT BE GIVEN CREDIT FOR WORK THAT IS SATISFACTORILY COMPLETED?

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IS THE STUDENT ON AN I.E.P.? If so, are the services provided in the education plan under IDEA being met in this education plan? If not, what additional services will need to be provided to meet the I.E.P.?

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IN WHAT EXTRACURRICULAR ACTIVITIES IS THE STUDENT INVOLVED?

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DOES THE DISTRICT PLAN TO ALLOW THE STUDENT TO PARTICIPATE IN ANY OF THE ABOVE LISTED ACTIVITIES? YES \_\_\_\_\_ NO \_\_\_\_\_ If so, are there any restrictions on the activities and what are they?

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**OUT-OF-SCHOOL SUSPENSION, EDUCATION PLAN (Cont.)**

WHAT STEPS HAS THE SCHOOL TAKEN IN THIS EDUCATION PLAN TO PROVIDE FOR THE EVENTUAL REINTEGRATION OF THE STUDENT INTO THE SCHOOL?

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THE PARENT(S) OR LEGAL GUARDIAN(S) HAS BEEN NOTIFIED OF THE RESPONSIBILITY TO PROVIDE A SUPERVISED, STRUCTURED ENVIRONMENT IN WHICH THE PARENT OR GUARDIAN MUST PLACE THE STUDENT AND BEAR RESPONSIBILITY FOR MONITORING THE STUDENT'S EDUCATIONAL PROGRESS UNTIL THE STUDENT IS READMITTED INTO SCHOOL AND HAS BEEN PROVIDED A COPY OF THIS EDUCATION PLAN AS FOLLOWS:

1. By hand-delivering a copy of this plan to the parent/guardian on the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_.

Signature of person delivering the education plan to the parent or legal guardian.

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2. By certified mail, return receipt requested, on the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_.

3. By other means (identify): \_\_\_\_\_

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\_\_\_\_\_  
Principal or Superintendent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_  
Date