Pembina Hills
SCHOOL DIVISION

Suspension Checklist

F 5-10-A

In School Suspension or Out of School Suspension	
Student Name:	Homeroom/Grade:
School:	Date Form Completed:
Does this student have an IPP? Yes No Code	
Is there a behavioral plan? Yes No	
Circumstances of Suspension:	

	Suspension recommended by teacher? No Suspension recommended by teacher? Yes Name of teacher: Recommendation attached
	Parents/caregiver contacted by telephone to advise of suspension: Date: Time: Person Contacted: By Whom:
	Written notice supplied to parent: Yes Method of Delivery: (Registered mail or hand delivery necessary if no telephone contact made to parent/caretaker)
	Meeting with parent: Recommended and scheduled for: Not required
	Recommended to attend the meeting: Teacher Guidance Counsellor Special Education teacher Behavior Specialist FNMI Liaison Other:
	Extended suspension (> 5 days) or recommendation for expulsion Director notified on: Not required
	Dates of Suspension:
	Number of days suspended to date this year (including this suspension):
	Copy of Notice of Suspension forwarded to PHPS Student Services
	Transportation Department notified: Yes N/A

Date Principal's/Designate's Signature

cc: PHPS Student Services
Student Cumulative File

Revised August 2019