

DEPARTMENT OF PUPIL SERVICES



Packet Checklist for: 90-day Placement (pre-approval required)

180-day Placement

Name:	DOB:	Grade:
Campus: _____ BISD STUDENT ID# & TX. PEIMS ID: _____		
Infraction: _____		

All placement packets require a cover page, divided by tabs, and titled accordingly with the following documents.

TAB 1: Due Process		
1.	Form requesting an extension (if the hearing exceeds 7 days)	
2.	Notice of Hearing	
3.	Notice of Representation	
4.	Hearing Procedures	
5.	Confirmation of Notice (Notarized)	
6.	Petition for Placement Form	
7.	Verification of Non-Protection under IDEA/504	
8.	Consideration Form	
TAB 2: Violation of SCC		
1.	Student code of conduct receipt form (must be current school year)	
2.	Discipline Referral	
3.	Administrator's Statement	
4.	Witness(es) statement(s)	
5.	Police report (Required)	
6.	Nurse's report	
TAB 3: JJAEP Program Document Request (Include Tab 3 documents in all packets)		
1.	Absence Report	
2.	Withdrawal Grades	
3.	Transcript	
4.	Course Credit Checklist(include completed credits and pending)	
5.	State Test Scores	
6.	Immunization Record	
7.	Discipline Records	
8.	Special Programs Identification (If yes provide documents below accordingly)	
Current Documentation for Special Programs Student Services (If applicable)		
<input type="checkbox"/> SPED	ARD Minutes, Schedule of Services, IEP and Modifications sheet	
<input type="checkbox"/> BILINGUAL/ESL	Home Language Survey, Language Test date/score, LPAC review form, RPTE Scores, Observation Protocol Indicators, Parent Permission/Waiver	
<input type="checkbox"/> 504 DYSLEXIA/MEDICAL	504 Review Sheet and Modification sheet	
<input type="checkbox"/> GT	Identification Entry data	
<input type="checkbox"/> AT-RISK	Criteria Indicator Testing (I-13T)	

Department of Pupil Services
Prior Approval for Placement Hearings
Tabs 1-3

Date Received: _____ Complete

Pupil Services Department (Signature)



Brownsville Independent School District
Department of Pupil Services
708 Palm Blvd., Brownsville, Texas 78521
Office (956) 544-3966



Notice of Hearing for Placement

Student:

Parent(s) or Guardian(s):

Address:

City/Zip Code:

NOTICE is hereby given that the designee of the Superintendent of the Brownsville Independent School District will hold and conduct a Placement at the Department of Pupil Services located at 708 Palm Blvd, Brownsville, Texas, on _____ beginning at _____ for the purpose of a hearing, considering and acting upon the following petition:

Placement from the regular school setting for a total of _____ school days due to the following offense:
(Specify Infraction)

NOTICE: The District may hold the hearing regardless of whether the student, student's parent or guardian, or another adult representing the student attends, provided that the school has made a good-faith effort to inform the student and student's parent or guardian of the time and place of the hearing.
37.09(f)

Notice of Hearing Received by

Date



Brownsville Independent School District
Department of Pupil Services
708 Palm Blvd., Brownsville, Texas 78521
Office (956) 544-3966



Notice of Representation by an Adult at the Hearing

You have the right to be assisted at a Disciplinary Alternative Education Program removal hearing by another adult, other than the parent/guardian, who can provide guidance to the student and who is not an employee of the school district (i.e., relative, friend, lawyer, etc.).

Parents, Guardian or Persons Responsible for

I have received, read and carefully reviewed the statement and understand its relevance.

Parent/Guardian Signature

Date

A copy of this notice was given to the parent/guardian/persons responsible on _____
Date

Signature of Campus Behavior Coordinator
or appropriate administrator

Date



Brownsville Independent School District
Department of Pupil Services
708 Palm Blvd., Brownsville, Texas 78521
Office (956) 544-3966



Procedures for Short and/or Long Term Placements

The Petitioner (administration) will make a short opening statement, and may present the facts by oral testimony or written evidence, including affidavits, if desired, or by both.

When the Petitioner has closed, the Respondents (Student and/or parent/guardian) will be allowed to make a short opening statement and may present the facts by oral testimony, written evidence, including affidavits if desired, or by both.

When the Respondents have closed, the Petitioner will be allowed to present a short rebuttal.

Written statements for the petitioner and/or respondent may be presented during this time.

Any Respondent who desires to be heard, but who cannot be present on the date set, may for good cause shown to the satisfaction of the District Hearing Officer or his/her designee, have the hearing postponed to a day of mutual convenience: but only one such postponement shall be allowed.

Any Respondent who does not appear or request a postponement will be deemed to have defaulted, but as to any such Respondent, the Petitioner will be required to make out a prima facie case.

If the hearing is not completed after a reasonable time, the District Hearing Officer may adjourn to a certain day and continue the hearing as to the uncompleted part.

At the close of the hearing, the District Hearing Officer may then make his/her decision or may take the matter under advisement and adjourn the meeting to a certain day at which a decision will be made.

A true copy of the decision will be given to the parent(s)/guardian in person but where both parents are named, service on one shall be deemed notice to the other also, and the person making the service shall attach his affidavit, stating the facts of service to the original.

Parent/Guardian Signature

Date



Brownsville Independent School District
 Department of Pupil Services
 708 Palm Blvd., Brownsville, Texas 78521
 Office (956) 544-3966



Confirmation of Notice

THE STATE OF TEXAS
COUNTY OF CAMERON

BEFORE me, the undersigned Notary Public in and for the County of Cameron, on this day personally appeared _____ who having been by me first duly sworn upon his/her oath says:

A true copy of the following documents were delivered:

- Notice of Hearing
- Notice of Representation by an Adult at the Hearing
- Hearing Procedures for Short or Long Term Placement

Student:
 Parent/Guardian:
 Address:
 City/Zip Code:

In person, on _____
 Date

 Signature of Campus Behavior Coordinator
 or appropriate administrator

SUBSCRIBED and sworn to before me, by the said _____ on this _____ day
 of 20____ to certify which, witness my hand and seal of office.

 A Notary Public in and for
 Cameron County, Texas



Brownsville Independent School District
Department of Pupil Services
 708 Palm Blvd., Brownsville, Texas 78521
 Office (956) 544-3966



Petition for Placement

Petitioner _____

Now comes, _____ from _____
 Petitioner, complaining of the following named student
 Respondent. The legal guardian representing such student is
 would respectfully show the Board's Designee the following:

. Hereinafter sometimes called _____
 . Hereinafter sometimes called _____
 , and with reference to such student,

I

Petitioner is _____ of _____
 student duly enrolled in such school for the current scholastic year.

and the named Respondent is a _____

II

During the current scholastic year the Respondent,
 following incident:

_____ has been involved in the

	Offense	Date	Discipline Technique(s)
1.			
2.			
3.			

III

Petitioner has reason to believe and does believe that the Respondent did behave in the manner enumerated in section II of this document.

IV

Petitioner would further show the Superintendent's Designee that the statutes and policies provide for the Placement of an offending student, from _____ to Juvenile Justice Alternative Education from _____ to _____ for a total of _____ school days during the school year. Petitioner would show that besides himself, there were other witnesses to all or parts of the above described events, among them being:

Witnesses?: _____

Petitioner affirms that the Respondent will be notified to appear for a hearing at a time and place stated; that the guardian for the Respondent was likewise notified; that upon hearing hereof, the Superintendent's Designee finds the Respondent guilty of the behavior enumerated in section II of this document. Respondent's guardian shall have the right to present witnesses and documentary evidence at the hearing to rebut the charges and a right to be assisted at the hearing by another adult who is not an employee of the district.

 Signature of Campus Behavior Coordinator

 Printed Name

 Date



Verification of Non-Protection under IDEA or Section 504

Campus: _____

Date: _____

After reviewing school and district records, this is to verify that is currently **not**:

(Campus Behavior Coordinator/appropriate administrator verifies by checking areas that do not apply to this student)

Eligible for I.D.E.A. services

Eligible for 504 services

Receiving services as outlined in I.D.E.A.

Receiving services as outlined in Section 504

Referred for evaluation (I.D.E.A.)

Referred for Evaluation (Section 504)

If a student is eligible for I.D.E.A. or Section 504, conduct a Manifestation Determination. A student that is not receiving any I.D.E.A. and/or 504 services is not protected under I.D.E.A. and/or Section 504.

 Signature of Campus Behavior Coordinator
 or appropriate administrator

 Title

 Print Name

 Date



Brownsville Independent School District
Department of Pupil Services
 708 Palm Blvd., Brownsville, Texas 78521
 Office (956) 544-3966



Consideration Form

Out of School Suspension

Placement

Student:

I.D. Number:

Campus:

Grade:

Offense:

Date of Offense:

In deciding whether to order suspension, placement in a Disciplinary Alternative Education Program, or Placement the District **will** take into consideration the following factors:

1. Self-Defense (Personal) :

2. Intent or lack of intent at the time the student engaged in the conduct:

3. Student's Disciplinary History:

4. Does the student have a disability that substantially impairs his/her capacity to appreciate the wrongfulness of his/her conduct :

5. A student's status in the conservatorship of the Department of Family and Protective Services (foster care, or

6. A student's status as homeless

A thorough investigation was conducted and it indicates that
 was involved in
 The factors above did not interfere with the conduct.

-or-

A thorough investigation was conducted and it indicates that
 was involved in
 However, he/she

 Signature of Campus Behavior Coordinator
 or appropriate administrator

 Date

DEPARTMENT OF PUPIL SERVICES



Packet Checklist for: 90-day Placement (pre-approval required)

180-day Placement

Name:	DOB:	Grade:
Campus: _____ BISD STUDENT ID# & TX. PEIMS ID:		
Infraction:		

All placement packets require a cover page, divided by tabs, and titled accordingly with the following documents.

TAB 1: Due Process		
1.	Form requesting an extension (if the hearing exceeds 7 days)	
2.	Notice of Hearing	
3.	Notice of Representation	
4.	Hearing Procedures	
5.	Confirmation of Notice (Notarized)	
6.	Petition for Placement Form	
7.	Verification of Non-Protection under IDEA/504	
8.	Consideration Form	
TAB 2: Violation of SCC		
1.	Student code of conduct receipt form (must be current school year)	
2.	Discipline Referral	
3.	Administrator's Statement	
4.	Witness(es) statement(s)	
5.	Police report (Required)	
6.	Nurse's report	
TAB 3: JJAEP Program Document Request (Include Tab 3 documents in all packets)		
1.	Absence Report	
2.	Withdrawal Grades	
3.	Transcript	
4.	Course Credit Checklist(include completed credits and pending)	
5.	State Test Scores	
6.	Immunization Record	
7.	Discipline Records	
8.	Special Programs Identification (If yes provide documents below accordingly)	
Current Documentation for Special Programs Student Services (If applicable)		
<input type="checkbox"/> SPED	ARD Minutes, Schedule of Services, IEP and Modifications sheet	
<input type="checkbox"/> BILINGUAL/ESL	Home Language Survey, Language Test date/score, LPAC review form, RPTE Scores, Observation Protocol Indicators, Parent Permission/Waiver	
<input type="checkbox"/> 504 DYSLEXIA/MEDICAL	504 Review Sheet and Modification sheet	
<input type="checkbox"/> GT	Identification Entry data	
<input type="checkbox"/> AT-RISK	Criteria Indicator Testing (I-13T)	

**Department of Pupil Services
Prior Approval for Placement Hearings
Tabs 1-3**

Date Received: _____ Complete

Pupil Services Department (Signature)



Brownsville Independent School District
Department of Pupil Services
708 Palm Blvd., Brownsville, Texas 78521
Office (956) 544-3966



Aviso de Audiencia de Colocación

Estudiante:

Padres/Tutores Legal:

Dirección:

Cuidad/Codigo Postal:

Se da aviso que el designado del Superintendente del Distrito Escolar de Brownsville conducirá y tendrá una audiencia ubicada en:

Department of Pupil Services (BISD), 708 Palm Blvd., Brownsville, TX 78521

el _____ empezando al la(s) _____ con el propósito de escuchar, considerar y actuar sobre la siguiente petición:

Remoción del medio educativo regular por un total de _____ días escolares debido a la siguiente ofensa:

AVISO: El Distrito puede conducir la audiencia aunque el estudiant, los padres del estudiante, el guardián legal o algún otro adulto representando al estudiante estén presentes o no, siempre y cuando la escuela haya hecho un esfuerzo en buena fe de informar al estudiante, los padres del estudiante o tutores legal la hora y lugar de la audiencia. 37.09(f)

Este aviso fue recibida por

Fecha



Brownsville Independent School District
Department of Pupil Services
 708 Palm Blvd., Brownsville, Texas 78521
 Office (956) 544-3966



Aviso de Representación por un Adulto en la Audiencia

Tienen el derecho de ser asistido en una audiencia de remoción por otro adulto que no sea el padre/tutores legal. Ese adulto podrá aconsejar al estudiante pero no debe ser empleado del distrito escolar. (i.e. Un familiar, amigo, abogado, etc.)

Padres, Tutores Legal o Personas Responsables de
 he recibido, leído y cuidadosamente revisado esta declaración y entiendo su pertinencia.

 Firma de Padres/Tutores Legales

 Fecha

 Coordinador de la Conducta de la escuela
 o administrador apropiado

Se le entrego una copia de este aviso al padre/tutores legal/persona responsable el _____
Fecha

 Administrador de Escuela

 Fecha



Brownsville Independent School District
Department of Pupil Services
708 Palm Blvd., Brownsville, Texas 78521
Office (956) 544-3966



Procedimiento de Audiencia de Corto o Largo Colocación

El Solicitante será permitido hacer un corto informe de apertura, y puede presentar datos por testimonio verbal ó evidencia por escrito, incluyendo declaración, si desea, ó las dos.

Cuando el Solicitante haya terminado, los Demandados serán permitidos hacer un corto informe de apertura y presentar los datos por testimonio verbal, evidencia escrita, incluyendo declaraciones, si desea, ó las dos. Presentación de testigos es opcional.

Cuando el Demandado haya terminado, el Solicitante será permitido presentar una corta impugnación.

Los testigos de los Solicitantes se presentarán para declarar en persona o por escrito. El Solicitante y Demandado serán permitidos hacer preguntas directas a los otros testigos presentes cuando presenten los hechos a favor de, ó en contra de la petición.

Los acontecimientos serán grabados y los demandados pueden hacer arreglos para obtener una copia, a su propio costo ó pueden hacer su propia grabación de los acontecimientos.

Cualquier Demandado que desee ser escuchado, pero no puede estar presente en la fecha indicada puede pedir que la audiencia se aplase. Pero debe tener una buena razón y esta razón debe de ser a la satisfacción de él oficial que dirige la audiencia, y también debe ser en un día que sea de común acuerdo y este aplazamiento se permitirá solamente una vez.

Si la audiencia no ha sido completada después de un tiempo razonable, el oficial que dirige la audiencia puede aplazar la sesión para un día seguro y continuar la audiencia desde la parte incompleta.

Al final de la audiencia, el oficial que dirige la audiencia puede hacer su decisión o puede llevar el caso bajo asesoramiento o aplazar la sesión a un día seguro en el cual hará su decisión.

Una copia verdadera de la decisión será dada a los padres/guardián legal, pero cuando los dos padres son nombrados, el servicio a uno será considerado aviso al otro también.

Padres/Tutores Legales

Fecha



Brownsville Independent School District
Department of Pupil Services
708 Palm Blvd., Brownsville, Texas 78521
Office (956) 544-3966



Aviso de Confirmación

ESTADO DE TEXAS
 CONDADO DE CAMERON

Ante mí, el Notario Público suscrito en y para él Condado de Cameron, en este día compareció
 que bajo juramento dice:

Una copia verdadera de los siguientes documentos fue entregada:

- Aviso de la Audiencia
- Aviso de Representación por un Adulto en la Audiencia
- Procedimientos de Audiencia de Colocación

Estudiante:

Padres/Tutores Legal:

Dirección:

Cuidad/Codigo Postal:

En persona el _____
 Fecha

 Firma del Coordinador de la conducta
 o administrador apropiado

Suscrita y jurada ante mí por el dicho _____ en _____
 cual certifico y testo por mi mano y sello de oficio.

 Notario Público en y para él
 Condado de Cameron, Texas



PETICIÓN DE COLOCACIÓN

SOLICITANTE

Ahora viene, _____ de _____ más adelante llamado el Solicitante,
 quejándose del siguiente estudiante nombrado, _____ más adelante llamado el Demandado, y su
 padre/guardian legal quien es _____, presenta al designado de la mesa directive lo siguiente:

I

El Solicitante es _____ de la escuela _____ y dicho Demandado es
 estudiante en esta escuela por el año escolar actual.

II

Durante el año escolar actual el demandado, _____ ha estado envuelto en los siguientes
 incidents que posiblemente sean relacionados con la ofensa reciente.

	Violación	Fecha	Tecnica(s) De Disciplina
1.			
2.			
3.			

III

El Solicitante tiene motivos para creer y cree y pore so afirma que el demandado se comport en la manera enumerada en la sección II de este documento.

IV

El Solicitante además demuestra al Designado del Superintendente que el estatuto y normas estipulan la colocación de dicho estudiante de _____ hasta _____ al Programa de Educación Alternativa de Justicia Juvenil por _____ días escolar durante el año escolar.

El Solicitante demuestra que aparte de él, hubo otros testigos de todo o parte de los incidents descritos anteriormente, entre ellos:

Testigos':

El solicitante afirma que el Demandado será notificado para aparecer para una audiencia a la hora y lugar indicados; que el padre/guardián para el Demandado también fue notificado; que al oír de aquí, el Designado del Superintendente encuentra al Demandado culpable del comportamiento enumerado en el artículo II de este documento. El padre/guardián del Demandado tendrá derecho a presentar testigos y pruebas documentales en la audiencia para refutar los cargos y el derecho a ser asistido en la audiencia por otro adulto que no sea un empleado del distrito.

 Firma del Coordinador de la conducta
 o administrador apropiado

 Titulo del Administrador

 Fecha



Verificación de No-Tener Protección Bajo IDEA o Sección 504

Escuela:

Fecha:

Después de revisar los archivos de la escuela y el distrito, esto verifica que actualmente **no**:

(5 Xa]b]ghfUXcf`XY`U`YgW`Y`U`j`Yf]z]VU`Vc`b`Vc`c`VUf`a`UfVU`XY`j`Yf]z]VU`Vc`b`Yb`zf`YUg`ei`Y`bc`g`Y`Ud`]VU`b`U`Ygh`Y`gh`X]UbhY)

Es elegible para servicios de IDEA

Elegible para servicios de 504

Recibe servicios de IDEA

Recibe servicios de Sección 504

Referido para una evaluación (IDEA)

Referido para una evaluación (Sección 504)

A si es que, él/ella no es protegido (a) bajo IDEA y la Sección 504. Si es elegible para IEA o Sección 504, tenga una Determinación de Manifestación.

 Firma del Coordinador de la Conducta de la escuela
 o administrador apropiado

 Título

 Imprimir Nombre

 Fecha



Forma de Consideración

Suspensión Fuera de la Escuela

Colocación

Estudiante:

Número del Estudiante:

Escuela:

Nivel:

Ofensa:

Fecha de Ofensa:

En decidir si debe ordenar suspensión, Programa Disciplinario Alternativo o colocación, el Distrito tomara en consideración lo siguiente:

1. Defensa Propia (Personal):
2. Con intención o no, el tiempo que el estudiante participo en la conducta:
3. Historia disciplinarian del estudiante:
4. ¿el estudiante tiene una discapacidad que afecta considerablemente a su capacidad para reconocer el error de su conducta
5. La situación del estudiante en custodia del Departamento de Servicios para la Familia y de Protección (acogimiento familiar), o
6. La situación del estudiante como persona sin hogar:

Una investigación cuidadosa fue conducida y indica que fue involucrado en
 Los factores arriba no interfirieron con la conducta.

-0-

Una investigación cuidadosa fue conducida y indica que fue involucrado en
 Sin embargo, el/ella

 Firma del Administrador que Investigo

 Fecha

DEPARTMENT OF PUPIL SERVICES



Packet Checklist for: 90-day Placement (pre-approval required)

180-day Placement

Name:	DOB:	Grade:
Campus:		BISD STUDENT ID# & TX. PEIMS ID:
Infraction:		

All placement packets require a cover page, divided by tabs, and titled accordingly with the following documents.

TAB 1: Due Process		
1.	Form requesting an extension (if the hearing exceeds 7 days)	
2.	Notice of Hearing	
3.	Notice of Representation	
4.	Hearing Procedures	
5.	Confirmation of Notice (Notarized)	
6.	Petition for Placement Form	
7.	Verification of Non-Protection under IDEA/504	
8.	Consideration Form	
TAB 2: Violation of SCC		
1.	Student code of conduct receipt form (must be current school year)	
2.	Discipline Referral	
3.	Administrator's Statement	
4.	Witness(es) statement(s)	
5.	Police report (Required)	
6.	Nurse's report	
TAB 3: JJAEP Program Document Request (Include Tab 3 documents in all packets)		
1.	Absence Report	
2.	Withdrawal Grades	
3.	Transcript	
4.	Course Credit Checklist(include completed credits and pending)	
5.	State Test Scores	
6.	Immunization Record	
7.	Discipline Records	
8.	Special Programs Identification (If yes provide documents below accordingly)	
Current Documentation for Special Programs Student Services (If applicable)		
<input type="checkbox"/> SPED	ARD Minutes, Schedule of Services, IEP and Modifications sheet	
<input type="checkbox"/> BILINGUAL/ESL	Home Language Survey, Language Test date/score, LPAC review form, RPTE Scores, Observation Protocol Indicators, Parent Permission/Waiver	
<input type="checkbox"/> 504 DYSLEXIA/MEDICAL	504 Review Sheet and Modification sheet	
<input type="checkbox"/> GT	Identification Entry data	
<input type="checkbox"/> AT-RISK	Criteria Indicator Testing (I-13T)	

**Department of Pupil Services
Prior Approval for Placement Hearings
Tabs 1-3**

Date Received: _____ Complete

Pupil Services Department (Signature)