

Lakeland Joint School District #272

Rusty Taylor, Superintendent of Schools

P.O. Box 39, Rathdrum, Idaho 83858

208/687-0431, ext. 1111

rusty.taylor@lakeland272.org



LJSD Vision: A community committed to academic excellence ... dedicated to student success.

Lakeland Joint School District Behavioral Support Plan

Name: _____ Grade: _____ Date: _____

Mr. Taylor, Superintendent of the Lakeland Joint School District 272 (LJSD), ordered this behavioral support plan. This behavioral support plan is in effect for **one calendar year from today's date**. This support plan is consistent with LJSD Board Policy and has been reviewed by school administration.

In order to maintain my enrollment at [_____], I understand I am required to meet the following conditions:

- I will continue my enrollment after I have completed any suspension days.
- I understand that I am required to be in full-time attendance during school Monday through Friday, unless released by a parent or guardian.
- I will earn passing grades in all classes.
- I understand that the school campus will be closed to me for the duration of this support plan, unless permission is granted by the administration.
- I will be subject to random searches of my person or property while at school based on reasonable suspicion.
- The following will be determined upon an informal hearing and as condition(s) to return to school:
 - Education Component: Classes/Research/Essay _____
 - School or Community Service Hours: Number of Hours _____
 - I will not be allowed to participate in any extra-curricular activities/contests/events for 40 school days, pending reduction activities approved by School Administration.
 - Counseling Referral: School Counselor Referral: _____
 - Other Required Activities: _____

I understand that any violation of Board Policy #3330 that causes significant disruption to the learning environment will result in referral to the Board of Trustees for an expulsion hearing.

Student _____ Date _____

Parent _____ Date _____

Principal _____ Date _____

The Principal may terminate this Behavioral Support Plan prior to the expiration date.

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Lakeland Joint School District Behavioral Support Plan

Name: _____ Grade: _____ Date: _____

Mr. Taylor, Superintendent of the Lakeland Joint School District 272 (LJSD), ordered this behavioral support plan ~~contract~~. This behavioral support plan ~~contract~~ is in effect for one calendar year from today's date. This support plan ~~contract~~ is consistent with school administration and LJSD Board Policy and has been reviewed by school administration.

In order to maintain my enrollment at [_____], I understand I am required to meet the following conditions:

- I will continue my enrollment after I have completed any suspension days.
- I understand that I am required to be in full-time attendance during school Monday through Friday, unless released by a parent or guardian.
- I will earn passing grades in all classes.
- I understand that the school campus will be closed to me for the duration of this support plan ~~contract~~, unless permission is granted by the administration.
- I will be subject to random searches of my person or property while at school based on reasonable suspicion.
- ~~The following will be determined upon an informal hearing and as condition(s) to return to school~~ The following items are required by administration as conditions to return to school and any necessary restrictions during the school day, for example:
 - Education Component: Classes/Research/Essay _____
 - School or Community Service Hours: Number of Hours _____
 - I will not be allowed to participate in any extra-curricular activities/contests/events for 40 school days, pending reduction activities approved by School Administration.
 - **Counseling Referral**: School Counselor Referral: _____
 - Other Required Activities: _____

I understand that any violation of Board Policy #3330 that causes significant disruption to the learning environment ~~will~~ may result in referral to the LJSD Board of Trustees for an expulsion hearing.

Student _____ Date _____

Parent _____ Date _____

Principal _____ Date _____

The Principal may terminate this Behavioral Support Plan prior to the expiration date.

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