Students

ALCOHOL AND OTHER DRUGS

San Diego Unified School District
SUBSTANCE USE INTERVENTION CONTRACT*
(Administrative Regulation 5131.6)

Site
Suspension Code

NAME: ____________________________________________________________

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Student I.D.</th>
<th>Age</th>
<th>Grade</th>
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Actual day(s) to be served: ____  Number of days waived: ____  Length of imposed suspension: ____

(Days waived and days served must equal length of imposed suspension).

This contract is to be used to formally refer your daughter/son for entry level substance intervention services. In some cases these services will accompany a formal suspension; in others, the site principal/administrator may wish to use the services outlined on this contract as an alternative to suspension. For first and second offenses, possession and use of alcohol and other drugs, student needs shall be identified and shall be addressed at the school of attendance, through one of the intervention classes listed below. Your site principal/administrator will assist you with understanding what will be expected for the duration of this contract.

STUDENT EXPECTATIONS:

I understand that I am ineligible to hold student office or participate in interscholastic or extracurricular activity.

Summer vacations and holiday breaks do not count towards any school day loss of eligibility requirement.

15 school days — 1st offense  from _________ to _________
30 school days — 2nd offense  from _________ to _________
45 school days — 3rd offense  from _________ to _________

Intervention Referral to:

_____ School counselor or school psychologist
_____ Counseling and Guidance Department
_____ Teen Recovery Center (Specify: _____________________________)
_____ Community-Based Organization (Specify: _____________________________)
_____ Probation Officer
_____ Private Referral by Parent/Guardian

I understand the following consequences will occur if I fail to abide by the above expectation(s):

• My parents will be notified immediately.
• I may be suspended or my original suspension will be reinstated.
ALCOHOL AND OTHER DRUGS (continued)

• Loss of eligibility to hold student office, and/or participate in sports and/or any extracurricular program will be increased according to Board Policy and Administrative Regulations.
• Probation, legal and/or court authorities will be notified, if appropriate.
• A referral for other appropriate disciplinary procedures will be made. Further action will be determined by the site principal/administrator or designee.
• The site may initiate an alternative placement if I violate an additional offense contract (other than tobacco).
• A referral for a comprehensive health assessment including a chemical substance screening may be made as required for a third offense.
• Other (specify consequence)

I understand that for this contract to be successful, other school staff will be informed of the terms of this contract and will be asked to monitor my behavior until ____________ (date to be determined by administrator).

SIGNED:

Student _____________________________ Date ____________
Parent/Guardian ___________________________ Date ____________
Principal/Designee ___________________________ Date ____________

• Formerly titled: Alternative to Suspension Contract
ORIGINAL TO: Parent/Guardian (by mail)
DUPLICATES TO: Counseling & Guidance Department and School File
INPUT INTO student information system DISCIPLINE HISTORY
This form must accompany original Report on Suspension