



ACCESSIBILITY:

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Name of Student: _____ School: _____

Student Ontario Education Number (OEN): _____ Grade: _____ Date of Birth: _____
(yyyy-mm-dd)

If Applicable:

- Guidance Counsellor: _____ • SST: _____
- Social Worker: _____ • CYCW: _____

DOCUMENTATION

- Individual Education Plan (IEP): Yes (attach) No
- Behaviour Support Plan (if necessary): Yes (attach) No
- Safety Plan: Yes (attach) No

Date of Meeting (yyyy-mm-dd): _____ Case Manager: _____

Purpose of Student Action Plan: _____

SUSPENSION DETAILS

Date of Suspension (yyyy-mm-dd): _____ Length of Suspension (days): _____

- Reason for Suspension:

- What does student need to be successful?

- Risk Factors, e.g., attendance, credit accumulation, prior history, etc.:

- Protective Factors, e.g., resilient attitude, caring adult, involvement in co-curricular, community supports, etc.:

ACADEMIC COMPONENT FOR STUDENT ACTION PLAN

It is an expectation that a student assigned to the long-term suspension/expulsion program will complete assignments, homework, evaluations and be a positive participant in all learning activities. They will demonstrate respect for self and others and are subject to all expectations for students contained in school and Board policy.



As part of this Student Action Plan, the student will meet the following academic expectations:

Supports in place to help student complete the work:

Current Schedule:

- Subject: _____ Teacher: _____
- Subject: _____ Teacher: _____
- Subject: _____ Teacher: _____
- Subject: _____ Teacher: _____

I confirm that the St. Don Bosco teachers have been added to class LMS for each subject and that the student has access to all required learning materials (texts, LMS access, Chromebook, etc)

Initials: _____

NON-ACADEMIC COMPONENT OF STUDENT ACTION PLAN

(required for suspensions of 11-20 days)

In order to help the student to succeed, the following will be put in place as part of their suspension/expulsion program (list agency or counsellor):

- Substance Abuse Counselling _____
- Anger Management _____
- Personal/ Family Counselling _____
- Other _____

Comments:

SUSPENSION - COMMITMENT DECLARATION

The Suspension Commitment Declaration (Form APC012-05F) must be reviewed and signed as part of the Student Action Plan.



REVIEW & RE-ENTRY OF STUDENT

Student Action Plan will be reviewed by (name): _____

On the following dates (yyyy-mm-dd): _____

Progress reports to be forwarded to Principal or Designate

Re-Entry Meeting will be held on (yyyy-mm-dd): _____

Supports upon re-entry: _____

Signature of Principal or Designate (handwritten or typed)

Date (yyyy-mm-dd)

Signature of Student (handwritten or typed)

Date (yyyy-mm-dd)

Signature of Parent/Guardian (handwritten or typed)

Date (yyyy-mm-dd)

Notice of Collection

Information on this form is collected under the authority of sections 306 to 316, O. Reg. 472/07 of the Education Act in compliance with section 28(2) of the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA). Information on this form will be used to administer the Behaviour, Discipline, and Safety provisions of the Education Act. Questions concerning the use of this form can be directed to the school Principal. Questions about the personal information collected on this form can be directed to the WCDSB Privacy Officer at privacy@wcdsb.ca, 519-578-3660, or by mail at 35 Weber St. W., Unit A, Kitchener, ON.

Completed by: Principal or Designate

Distribution: N/A

Retention: 1. Suspended Student Action Plan Meeting attendees; 2. St. Don Bosco Administrator (1 Year)