

**SAMPLE NOTICE FOLLOWING A MEETING FOR DISCIPLINARY ACTION:  
45 DAY REMOVAL**

Date: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State ZIP Code: \_\_\_\_\_

Dear \_\_\_\_\_ (parent's Name) \_\_\_\_\_ :

On (Date), your son/daughter, (Name) engaged in a behavioral incident that resulted in an automatic removal from school for 45 calendar days beginning on (Date) and ending on (Date). Specifically, your son/daughter:

\_\_\_ Carried a weapon to school, to school premises or to a school function; or

\_\_\_ Possessed a weapon at school, on school premises or at a school function.

(See 34 C.F.R. §300.350(i)(4) for the definition of weapon.)

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\_\_\_ Knowingly possessed or used illegal drugs while at school, on school premises or at a school function;

\_\_\_ Knowingly sold or solicited the sale of a controlled substance while at school, on school premises or at a school function;

(See 34 C.F.R. §300.350(i)(1) and (2) for the definitions of controlled substance and illegal drug.)

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\_\_\_ Inflicted serious bodily injury upon another person while at school, on school premises or at a school function.

(See 34 C.F.R. §300.350(i)(3) for the definition of serious bodily injury.)

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The purpose of this letter is to provide written notice of the decisions that were made and actions taken, on behalf of your son/daughter, (Name) at a meeting with school representatives and members of the IEP team that occurred on (Date).

**CHECK ALL THAT APPLY:**

\_\_\_\_ Interim alternative educational setting and the services your son/daughter will receive **during the removal:**

**Placement/Program (date the placement/program will begin):**

**Related Services (location, frequency, duration and date services will begin and end):**

\_\_\_\_ Functional Behavioral Assessment will be conducted as follows:

\_\_\_\_ A review of your son/daughter's current IEP resulted in the following revisions to his/her services and placement after the removal<sup>1</sup>:

**Placement:**

**Program:**

**Related Services:**

Also, in compliance with federal regulations, I have enclosed a description of your rights as a parent of a student with disabilities.

If you have any questions or concerns, you may contact me at (phone number).

Sincerely,

Name  
Title

Enclosure(s): *Parental Rights in Special Education*  
(Other: \_\_\_\_\_)

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<sup>1</sup> You may attach a copy of the revised IEP in lieu of completing this section.