

# Alternatives to Suspension

## District Planning Checklist

Use this worksheet to select, launch, and review a response that protects safety, preserves instruction, and supports successful reentry. District policy and applicable law control.

|                 |             |
|-----------------|-------------|
| District/school | Plan owner  |
| Student/program | Date opened |

### 1. Incident and safety assessment

- ☐ Immediate threats and medical needs addressed; emergency procedures followed.
- ☐ Incident facts, witnesses, impact, and student perspective documented.
- ☐ Mandatory reporting, threat assessment, and due-process requirements checked.
- ☐ IDEA, Section 504, language-access, and state-law requirements checked.

| Current safety risk and controls | Required approvals or notices |
|----------------------------------|-------------------------------|
|                                  |                               |

### 2. Intervention selection matrix

| Need                            | Selected response                                                                                   | Why this fit |
|---------------------------------|-----------------------------------------------------------------------------------------------------|--------------|
| Instruction during removal      | <input type="checkbox"/> Virtual room <input type="checkbox"/> Alternative program                  |              |
| Relationship or community harm  | <input type="checkbox"/> Restorative process <input type="checkbox"/> Restitution                   |              |
| Defined skill gap               | <input type="checkbox"/> SEL <input type="checkbox"/> Mini-course <input type="checkbox"/> Coaching |              |
| Social-emotional need           | <input type="checkbox"/> Counseling <input type="checkbox"/> Trauma-informed support                |              |
| Schoolwide or recurring pattern | <input type="checkbox"/> PBIS/system review                                                         |              |

### 3. Staffing and instructional continuity

- ☐ Certified instructor, supervisor, case manager, and backup owner assigned.
- ☐ Course access, schedule, attendance, grading, devices, and connectivity confirmed.
- ☐ IEP/504 services, accommodations, assistive technology, and language supports scheduled.

| Role               | Name | Responsibility and coverage |
|--------------------|------|-----------------------------|
| Instruction        |      |                             |
| Supervision/safety |      |                             |
| Student support    |      |                             |

## 4. Family communication

- ☐ Family received reason, duration, rights, schedule, contacts, and return conditions.
- ☐ Communication provided in the family's preferred language and accessible format.
- ☐ Student voice and family concerns documented.

| Contact date/method | Questions, decisions, and follow-up owner |
|---------------------|-------------------------------------------|
|                     |                                           |

## 5. Reentry plan

- ☐ Reentry meeting scheduled before the first class when possible.
- ☐ Trusted adult and 24-hour/one-week check-ins assigned.
- ☐ Assignments, credits, attendance, accommodations, and services reconciled.
- ☐ Repair commitments, replacement skills, classroom supports, and safety measures documented.

| Return date | Reentry coordinator | Student success conditions |
|-------------|---------------------|----------------------------|
|             |                     |                            |

## 6. Progress indicators

| Measure                          | Baseline | Target | Owner/source |
|----------------------------------|----------|--------|--------------|
| Instructional minutes/attendance |          |        |              |
| Assignments/course progress      |          |        |              |
| Intervention fidelity/completion |          |        |              |
| Repeat incidents/safety          |          |        |              |
| Student/family experience        |          |        |              |

## 7. 30/60/90-day reviews

| Review  | Date | Evidence reviewed | Continue, adjust, or close |
|---------|------|-------------------|----------------------------|
| 30 days |      |                   |                            |
| 60 days |      |                   |                            |
| 90 days |      |                   |                            |