

STUDENT REMOVAL FORM

School Name: \_\_\_\_\_

Student: \_\_\_\_\_

Teacher: \_\_\_\_\_

Class: \_\_\_\_\_

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

Description of Behavior:

Administrative and/or  
Teacher Interventions  
Attempted Prior to Removal  
And Results:

Date(s) of Prior Incident  
Report(s):  
(Note: Prior incident  
reports must be attached.)

Signature of Teacher: \_\_\_\_\_