

## **MANDATORY DAEP (THC) Expulsion Intake Checklist**

- Student Discipline Referral copy (specifying offense code of 036 and action code of 04)
  - Notice of DAEP Expulsion Hearing
  - Expulsion Hearing Report (2 pages)
  - DAEP Expulsion Recommendation Letter\*
  - ARD/504 MDR paperwork if student is coded as such, *to include* STAAR accommodations
  - *most recent* LPAC decision-making documentation if student is coded LEP, *to include* STAAR accommodations
- 
- All documentation above must be legible, thoroughly filled-out, and include signatures (or refusals) of all specified parties *before* an intake date can be provided.
  - Please remit completed packet via email to [keysasi@sisd.net](mailto:keysasi@sisd.net) or via fax to 915-851-7287 **AND** to Lupe Lujan @ DSC
  - Upon administrative review of packet, an intake date will be provided via email to the campus admin team listserv; parent/student will *not* be eligible to attend intake until such time.
  - Parent/student *must* arrive on time to intake and remain for the *entire* process (which can be from 1 to 3 hours, depending on attendance) lest they be rescheduled for another day (accumulating an unexcused absence at home campus). Parent must bring ID and proof of residence.

\*Please remember that if student will not be eligible to participate in graduation, such must be specified within this document.



**SOCORRO INDEPENDENT SCHOOL DISTRICT  
NOTICE OF DAEP (THC) EXPULSION HEARING**

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

RE \_\_\_\_\_ (student name)

Dear Parent:

This letter is to confirm that you were notified of the following information by telephone on \_\_\_\_\_.

On \_\_\_\_\_ (date), at \_\_\_\_\_ (time), in \_\_\_\_\_ (room), your presence and participation at a hearing to consider the possible expulsion to a DAEP for the above referenced student is requested. The hearing is being called because of the following alleged charge(s):

\_\_\_\_\_  
\_\_\_\_\_

Section 37.007 of the Texas Education Code specifies that these offenses are subject to expulsion.

Your son/daughter has the right to a full and fair hearing; the right to an adult representative or legal counsel; the opportunity to testify and to present evidence and witnesses in his/her defense; and the right to be provided the information provided by any witnesses. If you plan to have legal counsel present, please let me know as soon as possible. You are encouraged to discuss the school's charges with your son/daughter as you will have the opportunity to explain his/her version at the conference if you wish. Pending this conference, your child will be likely be suspended out of school for a maximum of 3 days or in school via a Special Assignment Classroom (SAC), or a combination of the two.

Please be aware of the following information regarding potential witnesses and testimony:

\_\_\_\_\_  
\_\_\_\_\_

I will hold the hearing and make a recommendation to our campus principal, who will make the final decision.

The Texas Education Code and SISD discipline policy allow the campus administration to determine the length of expulsion. A student may be denied the privileges of the home campus pending the outcome of the hearing. If you have any questions, please contact our campus.

Sincerely,

\_\_\_\_\_  
Assistant Principal's Printed Name

\_\_\_\_\_  
Assistant Principal's Signature

\_\_\_\_\_  
Campus Behavior Coordinator's Signature

Parent Signature acknowledge receipt of this information: \_\_\_\_\_

xc: Lupe Lujan, Coordinator of Admin Services



**SOCORRO INDEPENDENT SCHOOL DISTRICT  
DAEP (THC) EXPULSION HEARING REPORT**

School: \_\_\_\_\_  
Incident Date: \_\_\_\_\_

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

On \_\_\_\_\_, a removal conference was held concerning the student's educational and behavioral records, to consider all relevant facts regarding the alleged offense(s), to consider the criteria for a removal to a disciplinary alternative education program, and to consider placement in a disciplinary alternative education program.

**\_\_\_ Students Receiving SPED/504 Services**

A manifestation determination was held and it was determined that the behavior is/is not a manifestation of the disability. If it is, the maximum possible removal is a total of 10 cumulative days or 45 days if the offense includes drugs or weapons or serious bodily injury (i.e., aggravated assault). If not, follow regular education procedures.

**NOTICE to STUDENT and PARENT/GUARDIAN**

Date of Notification: \_\_\_\_\_

If student has been charged with engaging in conduct punishable as a misdemeanor/felony provide Police Case # \_\_\_\_\_

**IN ATTENDANCE**

Administrator/Campus Behavior Coordinator	_____
Student	_____
Parent(s)/Guardian	_____
Counselor	_____
Diagnostician (if applicable)	_____
SRO (if applicable)	_____
Others Present	_____

The Removal Conference was convened because of the following alleged offense(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The school administration's supporting information regarding the alleged offense(s) [the following should be a concise description of the administration's basis for considering a removal]:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- \_\_\_\_\_ 1. Self-Defense
- \_\_\_\_\_ 2. Intent or Lack of Intent at the time the student engaged in conduct
- \_\_\_\_\_ 3. A student's disciplinary history; and
- \_\_\_\_\_ 4. A disability that substantially impairs the student's capacity to appreciate the wrongfulness of the student's conduct
- \_\_\_\_\_ 5. Intervention Checklist (Discretionary Placement)

**STUDENT'S RESPONSE TO THE OFFENSE(S) AND EVIDENCE/SUPPORTING DATA**

The student admitted to the alleged offense(s): Yes \_\_\_\_\_ No \_\_\_\_\_

Significant statement(s) made by the student and parents are as follows: [the following should be a concise description of the student's response to the alleged offense(s)]:

\_\_\_\_\_  
\_\_\_\_\_

[Attach any written statements and accounts that were presented by the student or staff during the conference.]

**CONFERENCE ISSUES**

- The Administrator/Campus Behavior Coordinator did/did not determine that the information provided during the conference is sufficient to require removal.
- The parent/guardian agrees/disagrees with the decision to remove the student.
- The student and parents were given written notice of the Administrator/Campus Behavior Coordinator's decision on (date).
- The conference was tape recorded: Yes \_\_\_\_\_ No \_\_\_\_\_
- Participants were/were not given the opportunity to provide additional comments in writing. (Please attach)

**DISCIPLINARY ALTERNATIVE EDUCATION PROGRAM**

The Administrator/Campus Behavior Coordinator has decided that the student should/should not be removed to a DAEP (KEYS).

PEIMS Offense Code \_\_\_\_\_, which is a *mandatory* DAEP placement.

**MANDATORY DAEP (KEYS) PLACEMENT:**

Level 4: Secondary Students – Max 9 Weeks: 30 school days with parent involvement (6 sessions)

**TERM ASSIGNED:**       **9 WEEKS**       **18 WEEKS**       **OTHER** \_\_\_\_\_

Pending action by the Assistant Superintendent, the student will be placed at KEYS Academy.

The campus administration’s signatures below indicate that: the SISD discipline policy has been followed, this report has been reviewed and contains required information, the campus administration at the hearing has fairly and reasonably considered the information presented during said hearing, and that the student should be expelled to a DAEP.

My signature below indicates that the discipline policy has been followed; this report has been reviewed and contains the required information. I have fairly and reasonably considered the information presented during the conference.

\_\_\_\_\_  
Parent’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Assistant Principal’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Campus Behavior Coordinator Signature

\_\_\_\_\_  
Date

xc:      KEYS Principal  
         Lupe Lujan



**SOCORRO INDEPENDENT SCHOOL DISTRICT  
DAEP (THC) EXPULSION RECOMMENDATION NOTICE LETTER**

Name \_\_\_\_\_

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

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

RE: \_\_\_\_\_ (student's name)

Dear Parent:

On \_\_\_\_\_ (date) an expulsion hearing was held for the above referenced student. Based on the information presented at said hearing, I am recommending that this student be expelled to a DAEP (KEYS Academy) for :

9 WEEKS       18 WEEKS       OTHER \_\_\_\_\_

In addition, I have forwarded notice of the removal to the Principal at KEYS Academy for implementation of the District's Discipline Alternative Education Program. You will be notified via telephone of your scheduled intake appointment date at KEYS Academy, 12380 Pine Springs, El Paso, TX 79928.

*The District's disciplinary decisions are based on a reasonable belief that a violation occurred. Reasonable belief may be based upon, but not limited to, the following: witnesses, affidavits, arrest warrants, and judicial dispositions. Please be advised that a no-bill by a Grand Jury, or a reduction or acquittal of charges by a court, while taken into serious consideration, may not in and of itself negate the District's reasonable belief.*

If you do not agree with this decision, an appeal form must be filed within **3 school calendar days** of the date of this removal notice. Attached is an appropriate form for this purpose should you desire to appeal.

**Consequences shall not be deferred pending the outcome of a DAEP expulsion appeal. A student must be currently enrolled to be eligible for an appeal.**

Please be advised your son/daughter is prohibited from attending any SISD school functions. If he/she is found on campus or at a school function, the administration will file trespassing charges against him/her.

If you need any further assistance, please contact me at \_\_\_\_\_ (telephone number).

Sincerely,

\_\_\_\_\_  
Assistant Principal Signature

\_\_\_\_\_  
Campus Behavior Coordinator Signature

Parent Signature acknowledge receipt of this information: \_\_\_\_\_

xc: Principal KEYS  
Lupe Lujan



**SOCORRO INDEPENDENT SCHOOL DISTRICT  
DAEP (THC) EXPULSION APPEAL FORM  
(to be provided to parent)**

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
School: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

The Socorro Independent School District's Student Code of Conduct provides for the appeal of a student's removal to the Discipline Alternative Educational Program. **An appeal form must be filed within 3 school calendar days of the date of the removal notice to the appropriate administrator at the level indicated below.** Untimely appeals will not be considered.

- Level I: Principal**
- Level II: Appropriate Assistant Superintendent**
  - Cynthia Retana, Assistant Superintendent (Middle Schools) (915) 937-0308
  - Carmen Crosse, Assistant Superintendent (High Schools) (915) 937-0301
- Level III: Appeals Committee:**  
Marivel Macias, Assistant Superintendent/Administrative Services (915) 937-0053

Within ten school calendar days of the receipt of your appeal, a meeting at the appropriate level will be scheduled to consider your appeal. You will receive written notice of the decision resulting from this appeal.

Were you notified of the hearing? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Did you and/or your child attend the hearing? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Were you and your child given an opportunity to present his/her side of the situation during the hearing? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Are you in agreement that the event occurred? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Did your son/daughter admit involvement in the alleged offense(s)? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If "No," what is your child's side of the situation? (please attach additional information if needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please explain the reason for the appeal:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_