Child Welfare & Attendance
P: (225) 456-5139 | F: (225) 456-2753
802 Mayflower Street, Baton Rouge, LA, 70802

Recommendation of Hearing Officer/IEP Team/504 Committee

Email completed results within 24 hours to: cwa@ebrschools.org

TO BE COMPLETED BY HEARING OFFICER:

Student Name:____ **SID Number:** _________________________

School: ____ **Hearing Officer:** ______________________

Hearing Officer's Recommendation:

___ Affirmed (not less than one semester) ___ Return to School ___ Long Term Suspension (up to 20 days)

Date of Decision:

TO BE COMPLETED IEP/504 COMMITTEE:

IEP/IAP Committee Significant Change of Placement Decision:

___ EBR Readiness Elem ___ EBR Readiness Middle ___ EBR Readiness High ___ Return to School

<u>IEP Team Duration Decision</u>

Beginning Date (M/D/Y): _________ **Ending Date (M/D/Y):** _________ **Return Date (M/D/Y):** _________

____, Administrator **Date:** _________________

____, Parent/Guardian. **Date:** _________________

____, Student **Date:** _________________

____, Reg. Ed. Teacher **Date:** _________________

____, Spec. Ed. Teacher **Date:** _________________

____, Other (related) **Date:** _________________

____, Other (related) **Date:** _________________

____, Other (related) **Date:** _________________

FOR IEP TEAM ONLY

If the Hearing Officer's recommendation is to **affirm**, the IEP Team must consider at least 45 days or one semester.

If the Hearing Officer's recommendation is to **modify**, the IEP Team must consider up to 20 days.

If the Hearing Officer's recomemdation is to **return to school**, the IEP team must reconvene to review services to address the behavior to prevent recurrence.

Email recommedation results to: cwa@ebrschools.org