



OFFICE OF STUDENT HEARINGS & APPEALS
STUDENT ADMINISTRATIVE INTERVENTION FORM (SAIF)

STUDENT INFORMATION

FIRST NAME:
LAST NAME:
I.D. #:

ADDRESS:
CITY / ZIP:

D.O.B.:
RACE :
GENDER:
GRADE:

DOES STUDENT HAVE AN IEP? YES / NO

DOES STUDENT HAVE A 504 PLAN? YES / NO

ARE TRANSLATION SERVICES NEEDED:
FOR STUDENT YES / NO
FOR PARENT: YES / NO
LANGUAGE:

PARENT/GUARDIAN INFORMATION

PARENT / GUARDIAN:

TELEPHONE
WORK :
HOME :

SCHOOL INFORMATION

SCHOOL:

PRINCIPAL:

NETWORK LEADER:

PERSON COMPLETING SAIF FORM (IF DIFFERENT
THAN PRINCIPAL):

NAME:
POSITION:

SCHOOL PHONE NUMBER:

BASIS OF REQUEST FOR INTERVENTION

DATE OF INCIDENT:

DETAILED DECIPTION OF INCIDENT WARRANTING INTERVENTION (WHO / WHAT / WHERE / WHEN / HOW):

•

PERCEIVED INTENT OF THE STUDENT DURING THE INCIDENT:

•

RELEVANT INJURIES, PROPERTY DAMAGE, OR OTHER HARM TO BE CONSIDERED:

•

STUDENT'S DEFENSE / RESPONSE TO THE ALLEGATIONS:

•

MITIGATING CIRCUMSTANCES THAT SHOULD BE CONSIDERED:

•

WAS A SUSPENSION ISSUED? YES / NO

INFRACTION CODE:

DATE OF SUSPENSION:

DURATION OF SUSPENSION:

LAST DATE OF ASSIGNED SUSPENSION:

PLEASE PROVIDE A DETAILED HISTORY OF THE STUDENT'S PRIOR SIMILAR INCIDENTS AND THE CORRECTIVE ACTION STRATEGIES AND BEHAVIORAL SUPPORTS ATTEMPTED FOR EACH INCIDENT:

DATE	INCIDENT DESCRIPTION	IMPOSED CORRECTIVE ACTION STRATEGIES AND BEHAVIORAL SUPPORTS

THE FOLLOWING DOCUMENTS ARE INCLUDED WITH THIS SUBMISSION

DOCUMENT	✓
Student Handbook Verification (required)	
Notice of Intent to Suspend (required if suspension was issued)	
Suspension Notice (required if suspension was issued)	
Victim / Witness Statements	
S&S Incident Report	
Other Evidence (please list – all evidence from suspension hearing must be included): • • • •	
Serious Assault, Battery, or Menacing Form (required if incident was confirmed Serious Assault, Battery, or Menacing of a CTU member)	
Copy of Network Support Leader approval of SAIF submission	
Manifestation Determination (required if student had an IEP or 504 Plan)	
Copy of SPED Division Feedback (required if student has an IEP or 504 Plan - email Alice Krost with details of the incident and request SAIF submission feedback)	

PRINCIPAL RECOMMENDATIONS

(This section may only be completed by the building principal)

Is it the Building Principal's Recommendation that the Student be Expelled?	YES / NO
Is it the Building Principal's Recommendation that the Student receive an involuntary transfer to another school?	YES / NO

PRINCIPAL CERTIFICATION

I have reviewed this SAIF in its entirety, and am familiar with both the incident or circumstance underlying this recommendation and the Student's prior behavioral history. My above recommendation reflects the least restrictive and least punitive means reasonably aligned to address the student's behavior or circumstances giving rise to this recommendation.

Principal Name: _____

Signature: _____

Date: _____

Please scan and email completed form and all documentation to:
 April Daniels (April.Daniels@clevelandmetroschools.org)
 Robyn Ballew (Robyn.Ballew@clevelandmetroschools.org)
 Network Support Leader