



CLEVELAND METROPOLITAN SCHOOL DISTRICT
OFFICE OF STUDENT HEARINGS & APPEALS

STUDENT ADMINISTRATIVE INTERVENTION FORM (SAIF)

TO Cardell Parker, Manager
Office of Student Hearings and Appeals

PRINCIPAL :
SCHOOL :
TELEPHONE:

DATE :

Principal's Signature _____

Assistant Principal's Signature _____

STUDENT INFORMATION

I.D. # :
NAME :
ADDRESS :
ZIP :
D.O.B. :
RACE:
GRADE: REGION:
SPECIAL ED :

PARENT (S)/
GUARDIAN (S) :

TELEPHONE
WORK :
HOME :

STUDENT
HANDBOOK :

DISCIPLINE
ASSEMBLY :

(CHOOSE ONE)

OPTION I: Commission of a Level III or Level IV Offense

DATE OF OFFENSE:
LEVEL:
OFFENSE:
DESCRIPTION OF INCIDENT:
(Who, what, where, and how)

RECOMMENDATION OF PRINCIPAL:

OPTION II: Consideration for Other CMSD Services

RECORD OF STUDENT BEHAVIOR, AND ATTEMPTED INTERVENTION:

RECOMMENDATION OF PRINCIPAL:

THE FOLLOWING REQUIRED DOCUMENTS ARE NOTED AND ATTACHED TO THIS FORM

- | | |
|--|-----------------------------|
| _____ HANDBOOK VERIFICATION | _____ WITNESS STATEMENT (S) |
| _____ STAFF ASSAULT FORM – (Article 15 Section 10) | _____ INCIDENT REPORT |
| _____ MANIFESTATION DETERMINATION (Special Education) | _____ VICTIM STATEMENT |
| _____ OTHER (i.e., photocopy of weapon, drugs of other contraband; record of medical attention; estimate of damages to property, etc.) | |