



## Request for Student Placement Change (INS-F158)

Pursuant to the Teacher's Discipline Act, T.C.A. 49-6-3704, teachers may use the form below to request a change of placement for a student in the event of repeated incidents of disruptive behavior that have not been otherwise resolved through standard processes in the Student Code of Conduct.

### Section 1: Request Information

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

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

Date of Request: \_\_\_\_\_

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

Please provide documentation for each of the items below to initiate this request for the Building Administrator's consideration:

- ☐ I have taken action to address the student's disruptive behavior within my classroom through providing corrections, including those required under the student's IEP/PBP, Section 504 Plan, or FBA. Examples of corrections that may have been put into place are proximity control, last one out of class, etc.

Please describe the corrections put into place so far, including dates. Include any results of corrections that have been put into place. Attach any and all relevant documentation to this form.

- ☐ I have provided consequences for the student's disruptive behavior in accordance with the CMCSS Code of Conduct.

Please provide any dates of referral as you have provided consequences for the student's behavior, along with any outcomes of referrals that have taken place. Please attach documentation related to referrals to this form:

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

Outcome of Referral: \_\_\_\_\_

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

Outcome of Referral: \_\_\_\_\_

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

Outcome of Referral: \_\_\_\_\_



☐ I have had either a phone call or a meeting with the student's parent or guardian to discuss the behavior.

Please provide the date(s) of communication or meetings that you had with the parent. If a phone call or meeting did not take place, please ensure that emails with attempts to schedule a phone call or meeting are provided.

Date of Contact: \_\_\_\_\_

Date of Contact: \_\_\_\_\_

Date of Contact: \_\_\_\_\_

☐ I have referred the student for counseling services or Support Team services.

Please provide the date(s) of referral, and attach a resulting behavioral plan or any other documentation relevant to this item to this form.

Date of Referral: \_\_\_\_\_

Date of Referral: \_\_\_\_\_

Date of Referral: \_\_\_\_\_

## Section 2: Building Administrator Determination

This request has been:

☐ **ACCEPTED** ☐ **DENIED**

Reason for Determination:

Principal Name: \_\_\_\_\_ Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### NOTICE OF OPTION TO APPEAL

You may appeal this determination with your respective Level Director. To submit an appeal, please complete form **(INS-F159) – Appeal of Determination of Request for Student Placement Change**. You must attach this request with the Building Administrator Response along with INS-F159 when the appeal is filed. Appeal forms may be scanned and sent electronically to the following addresses:

Elementary School Level Director: Jessica Harris – [jessica.harris@cmcss.net](mailto:jessica.harris@cmcss.net)  
Elementary School Level Director: Amanda Nicks – [amanda.nicks@cmcss.net](mailto:amanda.nicks@cmcss.net)  
Middle School Level Director: Matthew Slight – [matthew.slight@cmcss.net](mailto:matthew.slight@cmcss.net)  
High School Level Director: Bryan Feldman – [bryan.feldman@cmcss.net](mailto:bryan.feldman@cmcss.net)