



Hearing Officer Recommendation

Student Information

Name:

Student ID:

School:

Date of Incident:

Proposed Disciplinary Action:

Long Term Suspension of

days

Expulsion

Incident Information

Hearing Information

Date:

Time:

Hearing Officer:

A summary of the incident as provided by the school is available on the Student Behavior Tracker.

Parties Present at Hearing

Student

Parent/Guardian (Name:)

Counsel (Name:)

School Representative (Name:)

School Representative (Name:)

Other (Name:)

Other (Name:)

Other (Name:)

Other (Name:)

Summary of information provided by parties on behalf of the student:

Summary of information provided by parties on behalf of the school:

Summarize all findings of fact established at the hearing:

Do you find that the student committed the infraction? Yes No

Were required due process procedures properly followed or waived? Yes No

Do you believe this disciplinary action to be appropriate, considering the factors outlined in Section 2500.9 of the DC Municipal Regulations? Yes No

Hearing officer's reasons for the recommendation below:

Recommendation to the Instructional Superintendent or Office of Youth Engagement representative:

Uphold proposed disciplinary action

Dismiss proposed disciplinary action

Modify the proposed disciplinary action to:

By emailing this statement, I set forth my electronic signature.

Hearing Officer Name:

Date of recommendation:

This form is to be typed and e-mailed to oye.hearing@dc.gov within one school day of the hearing.