

School Tribunal Hearing Checklist

FAIR

BEFOREComplete *prior* to the tribunal hearing**Fairness
Advocacy
Individualized
Representation**

Your first and last name: _____

Your role:

- | | |
|--|---|
| <input type="checkbox"/> Private Attorney | <input type="checkbox"/> DFCS Case Manager |
| <input type="checkbox"/> GAA Referred Attorney | <input type="checkbox"/> Education Support Monitor |
| <input type="checkbox"/> Parent | <input type="checkbox"/> Foster parent |
| <input type="checkbox"/> CASA | <input type="checkbox"/> Other (<i>please specify</i>): _____ |

Child's first and last name: _____ Child's preferred pronouns: _____

Scheduled date/time of tribunal hearing as written on the school's notice: _____

Who received the written notice from the school that a tribunal hearing had been scheduled? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Parent | <input type="checkbox"/> Other (<i>please specify</i>): _____ |
| <input type="checkbox"/> Legal guardian | <input type="checkbox"/> No one. I intend to raise the issue of "inadequate notice" at the tribunal hearing. |
| <input type="checkbox"/> Foster parent | |
| <input type="checkbox"/> DFCS case manager | |

Alleged violation of code of conduct as stated in the notice: (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Incivility/defiance | <input type="checkbox"/> Sexual conduct |
| <input type="checkbox"/> Fighting | <input type="checkbox"/> Terroristic threats |
| <input type="checkbox"/> Assault/battery | <input type="checkbox"/> Weapons |
| <input type="checkbox"/> Possession of drugs | <input type="checkbox"/> Other (<i>please specify</i>): _____ |

Have you reviewed the alleged violation in the school's code of conduct? ☐ Yes ☐ NoHave you had the opportunity to speak directly to the child about what happened? ☐ Yes ☐ No

If no, why not? _____

Who have you spoken with to prepare for this tribunal hearing? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Georgia Appleseed | <input type="checkbox"/> DFCS supervisor |
| <input type="checkbox"/> Education Support Monitor (ESM) | <input type="checkbox"/> Service provider (<i>please specify</i>): _____ |
| <input type="checkbox"/> Child's parent or guardian | <input type="checkbox"/> Other (<i>please specify</i>): _____ |

What documentation have you collected for the tribunal hearing? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Child's most recent education records | <input type="checkbox"/> Documentation of child's past or existing trauma |
| <input type="checkbox"/> Child's disciplinary history | <input type="checkbox"/> Examples of child's good character & achievements |
| <input type="checkbox"/> Any special education documents (IEP, 504 plan, Behavioral Intervention Plan) | <input type="checkbox"/> Other (<i>please specify</i>): _____ |

Have you spoken with the school to negotiate alternatives to suspension/expulsion? ☐ Yes ☐ No**What discipline is the school recommending?**

- | | |
|---|---|
| <input type="checkbox"/> Less than 1 semester of suspension | <input type="checkbox"/> Expulsion (permanent removal from school district) |
| <input type="checkbox"/> 1 semester of suspension | <input type="checkbox"/> Other (<i>please specify</i>): _____ |
| <input type="checkbox"/> 2 semesters of suspension | <input type="checkbox"/> Unsure - I intend to ask the hearing officer at the tribunal hearing |
| <input type="checkbox"/> 3 semesters of suspension | |
| <input type="checkbox"/> 4 semesters or more of suspension | |

Prior to the tribunal hearing, was a waiver to the tribunal hearing signed? ☐ Yes ☐ NoIf yes, when was the waiver signed and who signed it? (*Date and name*) _____Did the school provide grade-level instructional materials while the child awaits the tribunal hearing? ☐ Yes ☐ No

DURINGPlease complete these questions *during* the tribunal hearing

Date/time of tribunal hearing: _____

Who attended the tribunal hearing? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Child | <input type="checkbox"/> DFCS case manager |
| <input type="checkbox"/> Child's parent | <input type="checkbox"/> DFCS supervisor |
| <input type="checkbox"/> Education Support Monitor | <input type="checkbox"/> Attorney (public defender or child advocate attorney) |
| <input type="checkbox"/> Foster parent | <input type="checkbox"/> Attorney assigned by Georgia Appleseed |
| <input type="checkbox"/> CASA | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Guardian ad litem | |

Did the child have the opportunity to speak during the tribunal hearing? ☐ Yes ☐ NoDid you have the opportunity to speak during the tribunal hearing? ☐ Yes ☐ No**Did you raise any of the following issues during the tribunal hearing? (Check all that apply)**

- ☐ Inadequate notice of the tribunal hearing
- ☐ School's failure to have an HB855/Trauma Impact Meeting
- ☐ School's failure to have a Manifestation Meeting
- ☐ Other (please specify): _____

Did the hearing panel or officer find that the child violated the school's code of conduct? ☐ Yes ☐ No**What consequence did the hearing panel or officer impose?**

- | | |
|---|---|
| <input type="checkbox"/> Less than one semester of suspension | <input type="checkbox"/> Four semesters or more of suspension |
| <input type="checkbox"/> One semester of suspension | <input type="checkbox"/> Expulsion (permanent removal from school district) |
| <input type="checkbox"/> Two semesters of suspension | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Three semesters of suspension | |

When will the child be permitted to return to school? (Enter date) _____

Do you anticipate the child will have a change of placement because of the discipline imposed? (Check any that apply)

- ☐ Home placement change
- ☐ School placement change
- ☐ Both home and school placement change

AFTERPlease complete these questions *immediately after* the hearing.**Debrief with the child after the hearing to find out the following:****(1) Does the child feel the tribunal hearing process was fair?**

☐ Strongly Disagree ☐ Disagree ☐ Undecided ☐ Agree ☐ Strongly Agree

(2) Does the child feel like the hearing officer or panel considered his/her/their side of the story?

☐ Strongly Disagree ☐ Disagree ☐ Undecided ☐ Agree ☐ Strongly Agree

(3) Overall, does the child feel treated with respect throughout this process?

☐ Strongly Disagree ☐ Disagree ☐ Undecided ☐ Agree ☐ Strongly Agree

FINALPlease submit this form to: FAIR@gaappleseed.org