

# School Tribunal Hearing Checklist

# FAIR

**BEFORE**

Complete *prior* to the tribunal hearing

Fairness  
Advocacy  
Individualized  
Representation

for Children  
in Foster Care

Your first and last name: \_\_\_\_\_

**Your role:**

- DFCS case manager
- Education Support Monitor
- Foster parent
- Other (*please specify*): \_\_\_\_\_

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)**

- Foster parent
- DFCS case manager
- Other (*please specify*): \_\_\_\_\_
- No one. I intend to raise the issue of "inadequate notice" at the tribunal hearing.

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

- Incivility/defiance
- Fighting
- Assault/battery
- Possession of drugs
- Sexual conduct
- Terroristic threats
- Weapons
- Other (*please specify*): \_\_\_\_\_

Have you reviewed the alleged violation in the school's code of conduct?  Yes  No

Have 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)**

- An attorney
- Education Support Monitor (ESM)
- Child's foster parent
- DFCS supervisor
- Service provider (*please specify*): \_\_\_\_\_
- Other (*please specify*): \_\_\_\_\_

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

- Child's most recent education records
- Child's disciplinary history
- Any special education documents (IEP, 504 plan, Behavioral Intervention Plan)
- Documentation of child's past or existing trauma
- Examples of child's good character & achievements
- Other (*please specify*): \_\_\_\_\_

Have you spoken with the school to negotiate alternatives to suspension/expulsion?  Yes  No

**What discipline is the school recommending?**

- Less than 1 semester of suspension
- 1 semester of suspension
- 2 semesters of suspension
- 3 semesters of suspension
- 4 semesters or more of suspension
- Expulsion (permanent removal from school district)
- Other (*please specify*): \_\_\_\_\_
- Unsure - I intend to ask the hearing officer at the tribunal hearing

Prior to the tribunal hearing, was a waiver to the tribunal hearing signed?  Yes  No

If 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

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

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

**AFTER**Please 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

**FINAL**Please submit this form to: [FAIR@gaappleseed.org](mailto:FAIR@gaappleseed.org)