

Removal Conference/Expulsion Hearing
Teacher Feedback Form

A Removal Conference or Expulsion Hearing is going to be held for:

Student Name _____ Student Number _____ Grade _____

Hearing Date _____ Time _____

For the following offense: _____

Please note that this information is confidential and the State Board for Educator Certification may revoke or suspend the certification of a teacher who intentionally violates this requirement.

Return this form to _____ by _____

Teachers:

1st Per _____
2nd Per _____
3rd Per _____
4th Per _____

5th Per _____
6th Per _____
7th Per _____

Describe academic behavior (on task, completion of work, homework, test taking...)

Approximate average _____ as of _____

Number of assignments _____ not done _____

Number of tests _____ not taken _____

Attitude and general conduct with teacher:

Attitude and general conduct with students:

Teacher interventions/Strategies tried:

Please write additional comments on back.