

Matanuska-Susitna Borough School District

Educational Conference Procedures

1. A student may be referred for an Educational Conference if facing a long term suspension for a) alcohol use, b) drug use, c) aggressive behavior, or d) self-harming behavior. This referral is at the principal's discretion.
2. At the referring school, the student and the parent/guardian are provided with a description of the Mat-Su Borough School District conference.
3. If the student and the parent/guardian agree to attend and participate in the Educational Conference, the school will complete the **Educational Conference Referral Form** (to be signed by the principal, student, and parent/guardian). A copy of the referral form is scanned and emailed to rio.brenton@matsuk12.us, a 2nd copy is given to the parent/guardian, and the original copy is maintained by the referring school.

If a student is being referred due to threats or acts of violence, the school counselor or school psychologist will attach to the Educational Conference Referral Form a copy of the district's **Violence Risk Assessment**.

4. Parent/guardian will be contacted by the assigned Psychologist to schedule an appointment for the Educational Conference. Therefore, it is imperative that the parent/guardian contact information section of the Referral Form is completed.
5. The school counselor will forward to the Mat-Su Day School any additional relevant information regarding the student such as grades, attendance, school history, or other observation/concerns.
6. At the conclusion of the Educational Conference, recommendations will be made to the parents and principal which may include accommodations for a successful return to school or a referral to an outside agency/provider.
7. If a referral is made to an outside community agency/provider, the parent/guardian will be asked to sign a **Release of Information** so that relevant information resulting from the Educational Conference may be released to the agency/provider.
8. The outside provider/community agency will be asked to scan and email to rio.brenton@matsuk12.us an **Appointment Verification** following the student's first appointment. A copy will then be forwarded to the referring principal.



Educational Conference Referral Form

Student's Name: _____ DOB: _____ Student ID: _____

School: _____ Grade: _____ Age: _____ Date: _____

Reason for Suspension:

Does this student have an IEP? ___ yes ___ no 504 Plan? ___ yes ___ no

Background Information:

I agree to attend and participate in the district's Educational Conference.

Parent Signature

Student Signature

Parent Name (printed)

Parent contact info: Home # _____ **Cell #** _____ **Work #** _____

Note: An Educational Conference will be scheduled only after the **completed** Referral Form is received at Mat-Su Day School. Please scan and email forms to rio.brenton@matsuk12.us

Referral Meeting Participant Signature(s):

Principal

School Counselor

School Psychologist

Other