



OFFICE OF INSTRUCTION

Mission: Mat-Su Borough School District prepares students for success

Mat-Su Day School Educational Conference

What is an Educational Conference?

Students who have been given a long term suspension for alcohol use, drug use, aggressive behavior, self-harming behavior, or who exhibit other behaviors of concern to the referring school, may be given the option of attending an educational conference with their parent or guardian. This educational conference is intended to determine if additional services, such as educational support, alcohol or drug education/treatment or mental health counseling, would benefit the student and increase the likelihood they can successfully return to school.

Both parents/guardians are encouraged to attend this conference with their child. Please bring to the conference any relevant school, medical or mental health records. Allow one hour for the conference.

Completing the Referral Form

Before sending the Referral Form to Mat-Su Day School make sure ALL requested information is complete. Required signatures include parent/guardian, student and all staff attending the meeting. **Parent contact information should also be on the form.**

Appointment

An appointment will be scheduled using the family contact information provided once the completed Educational Conference Referral Form has been received at Mat-Su Day School. The assigned school psychologist will call and arrange the appointment.

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:

Length of suspension: _____ Willing to mitigate the length of suspension? _____ (Yes/No). If Yes, to how many days? _____

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