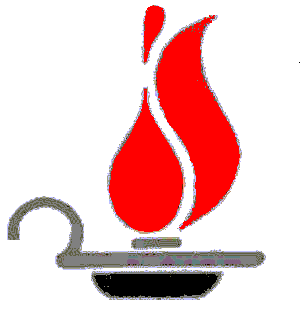
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**Iredell-Statesville Schools**

**5 Day Suspension Reduction Option:** A guide for parents and students

**Frequently Asked Questions Re: 5 Day Suspension Reduction**

*What happens if the parent/student declines the Insight Group or outside services?* **It is the right of the student/parent to decline intervention The student in this case will serve the full 10 day suspension. There is no additional penalty for declining.**

*If the student elects the 5 day option, can they return to school after the 5th day even if they have not had time to complete the requirements?* **Yes. If the student shows a good faith effort to comply to the conditions of the 5 day reduction, they may return after the 5th day. The SAP will monitor progress to ensure the requirements have been met within a reasonable amount of time thereafter.**

*What happens if the student elects the 5 day option but later declines or fails to complete the requirements?* **The remaining 5 days of suspension will be reinstated at a time determined by the administration.**

*If an outside assessment is being pursued, how much time is allowed to complete this assessment and recommended treatment.* **The parent/student will make every effort to complete the initial assessment and secure recommendations *during the first 5 days of the suspension.* The parent/student will authorize the provider to send the SAP notification that the assessment was completed, and notification at a later time when the recommended course of treatment is completed.**

*What if the student has an excused absence that prevents their participation in one or more group sessions?* **Absences and/or make up sessions will be handled on a case by case basis by the SAP.**

*Will drug/alcohol violations be noted on the student’s transcripts? Will it have an impact on college applications?* **Absences are noted on transcripts but the specific reason for the absence is not. The discipline record will reflect the reason for the absences, but this is a separate record from the transcript and is not released without your specific request.**

*If the SAP happens to be a licensed therapist, can they provide “therapy” in the school setting, and might this help with court cases where therapy is court ordered or recommended by the student’s attorney?*  **Although several SAP’s happen to be licensed mental health providers, the SAP’s role in the school setting is designed for education, crises support, and referral. With the exception of some alternative education programs, the school setting is not typically structured to provide a clinically “therapeutic” level of care. The SAP may provide documentation however, that the student completed the requirements of the 5 day reduction policy, per parent request. The district is offering assessments with our Substance Use Coordinator which can occur free of charge at the Pressly School.**

**POSSESSION OF OR BEING UNDER THE INFLUENCE OF ANY ILLEGAL DRUGS**

**Policy #4325** Includes counterfeit and synthetic drugs, or alcohol, or possession of drug paraphernalia on school grounds, or in any private vehicle on school grounds, or at any school function, wherever held. Unauthorized or illegal drugs and alcohol are a threat to safe and orderly schools and will not be tolerated. Drug education will be a part of the curriculum at all grade levels in the Iredell-Statesville Schools. A “no use” message will be taught from kindergarten through grade 12. Such message will include teaching why drug use is wrong and harmful to self and others, while supporting and strengthening resistance to drug use. Intervention will be included in the comprehensive drug education program. PROHIBITED BEHAVIOR 1. Students are prohibited from possessing, using, transmitting, selling or being under the influence of any of the following substances:

• Narcotic drugs; • Hallucinogenic drugs; • Amphetamines; • Barbituates; • Marijuana or any other controlled substance; • Any alcoholic beverage, malt beverage or fortified wine or other intoxicating liquor; or • Any chemicals or products procured or used with the intention of bringing about a state of exhilaration or euphoria or of otherwise altering the student’s mood or behavior; or • Any synthetic stimulants, such as MDPV and mephedrone (e.g., “bath salts”), and synthetic cannabinoids (e.g., “Spice.” “K2”).

2. Students also are prohibited from possessing, using, transmitting or selling drug paraphernalia or counterfeit (fake) drugs. Students may not in any way participate in the selling or transmitting of prohibited substances, regardless of whether the sale or transmission ultimately occurs on school property.

3. Possession or use of prescription and over the counter drugs are not in violation of this policy if possessed and used in accordance with board policy #6125: Administering Medicines to Students. The principal may authorize other lawful uses of substances otherwise prohibited by this policy, such as for approved school projects.

RANGE OF CONSEQUENCES FOR POSSESSION/INFLUENCE 1st offense Immediate notification to parents, police, probation, if applicable and conference with principal and SAP coordinator to discuss appropriate options as follows: • Mandatory placement into Insight Group for minimum of 10 weeks • Assessment/recommendations • Reduction of suspension days from 10 days to 5 days • Notification of NC DMV Law Lose Control/Lose Your License • Transition plan for student’s return to school following suspension

2nd offense Immediate notification to parents, police, and probation, if applicable. The student(s) will receive ten (10) days suspension and recommendation to an alternative educational setting. The school district will initiate expulsion proceedings as appropriate. School system will notify North Carolina Department of Motor Vehicles to initiate Lose Control/Lose Your License law. • SAP coordinator will offer further treatment recommendations/referrals at parent’s or student’s request.

**5 Day Suspension Reduction Providers**

This is a list of providers that are aware of the ISS Drug and Alcohol Policy #4325. You may choose other qualified substance abuse counseling providers if you wish.

ACCESS/Crossroads Behavioral Health Care 888-235-4673

Behavioral Health Services of LKN 704-660-8321

Donlin Counseling (Lisa Fleshy) 336-957-0961

Piedmont Family Services 704-664-1193

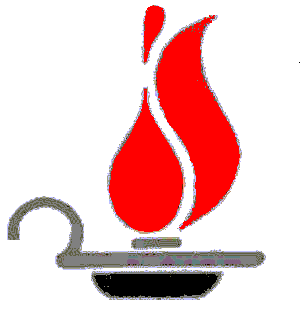
Southlake Counseling 704-896-7776

Kevin Denny 704-763-0851

Sallie Vallereux 704-838-1115

Barium Springs…………………………………….704-832-2222 ext.505

Impact Health of Iredell…………………………..704-873-1114 (walk ins accepted)

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**Iredell-Statesville Schools**

**Confirmation/Recommendation Form**

**for**

**5 Day Suspension Reduction Providers**

Students seeking a 5 day reduction in their suspension are required to complete a minimum of 10 sessions of drug/alcohol education. They have the option to complete these requirements at the school or may complete them with an outside provider. Students who are recommended for more intensive therapeutic intervention beyond drug/alcohol education will need to be served by an outside provider such as yourself. Please complete and return this form as authorized by the parent/guardian with your recommendations when the initial assessment is completed. If you recommend on-going therapeutic intervention, please send additional confirmation at a later date when the recommendations of treatment are completed.

**Student Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DOB:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Referring School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Person:**  **Position:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **FAX: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please indicate your recommendations as follows:**

**Provider Name/Substance Abuse Credentials:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Fax:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Check One)

\_\_\_ Student is not recommended for treatment and is referred back to the school for the completion of Substance Education.

\_\_\_ Student is recommended for treatment or service as described below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please Fax Back to SAP Coordinator within 24 Hours of Assessment

\_\_\_\_\_\_ **Parent/Student Agreed to Recommendations Date Assessment Completed: \_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_ Parent/Student Declined Recommendations Consent Signed: \_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_ Parent/Student Seeking 2nd Opinion**

**\_\_\_\_\_\_ Recommended treatment is completed Date Treatment Completed \_\_\_\_\_\_\_\_\_\_\_**