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# First Offender Drug Diversion: An Alternative to Zero Tolerance

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ALL INFORMATION IN BOLD BOX IS REQUIRED

Last Name:		First Name:		Student ID:		School:	
Address:				Phone:		Age:	Grade:
<input type="checkbox"/> Male <input type="checkbox"/> Female							
Race/Ethnicity:		<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander		<input type="checkbox"/> Hispanic/Latino/Spanish Origin <input type="checkbox"/> American Indian/Alaskan Native		<input type="checkbox"/> Arabic	
Translation Services Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No *If yes, administrator is to coordinate the services for the parent and or the student prior to the drug screening and the class. *Students and siblings of the students cannot translate unless they are age 18 older.				Disciplinary Code (Please Check the Appropriate Box) <input type="checkbox"/> 505 <input type="checkbox"/> 402 <i>*Above codes are the only two that are eligible for this program. Please only check one.</i>			
						Suspension Dates: _____ to _____	
Exceptional Education Student: <input type="checkbox"/> Yes <input type="checkbox"/> No Does the student have any IEP or 504 plans? <input type="checkbox"/> Yes <input type="checkbox"/> No      If so, what is the Manifestation Determination Date: _____							

***1<sup>st</sup> Time Drug Offender Program Checklist:***

<b>MNPS SCHOOL ADMINISTRATOR</b>	<input type="checkbox"/> Administrator is still required to submit a completed packet to the discipline office within 3 days. <input type="checkbox"/> Documentation of suspension entered into Infinite Campus. <input type="checkbox"/> Parent/legal guardian has received a copy of the referral form and given the requirement that student must receive the drug screening within 3 days of the suspended date ( <i>excluding nights, weekends, and holidays</i> ). <input type="checkbox"/> Parent/legal guardian has been informed of the mandatory (parent/legal guardian) education class. <input type="checkbox"/> Verification has been completed of student's eligibility for the program. <input type="checkbox"/> Signed referral form has been faxed (271-2586) to Office of Drug Education <input type="checkbox"/> <b>If the referred student is under the age of 12 please provide the parent with the list of recommended and preferred drug screening facilities found in the principal connection.</b> <input type="checkbox"/> <b>Administrator explained accepting the 1<sup>st</sup> Time Drug Offender Program waives the right to appeal the expulsion.</b>						
Signature Required:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Print Name</td> <td>Signature</td> <td>Date</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Print Name	Signature	Date			
Print Name	Signature	Date					

<b>PARENT/LEGAL GUARDIAN</b>	<ul style="list-style-type: none"> <li>• ALL students MUST receive a drug screening <i>within 3 days of their suspension date (excluding nights, weekends, and holidays) or the drug diversion option is nullified.</i> Students ages 13 and older must <b>contact Bradford Health Services at 615-457-8335</b> to schedule an appointment for the screening and consultation. <u>A Parent/Legal Guardian MUST accompany the student to the screening and consultation.</u></li> <li>• A negative drug screening result <b>DOES NOT</b> exempt student from the program. The student and parent are still required to attend class.</li> <li>• All Students are required to attend the next scheduled class, dates listed below, following their suspension date. <b>NO EXCEPTIONS!</b></li> <li>• <b>All classes will be held at the Martin Center, 2400 Fairfax Avenue, Nashville, TN 37212.</b></li> <li>• <b>Student class begins promptly at 8:00 AM. The class is from 8:00 AM to 4:00 PM.</b> Transportation is the responsibility of the parent/guardian. Tardy students will not be allowed to enter and <u>the drug diversion option will be nullified.</u></li> <li>• <b>A Parent/legal guardian of students referred (who complete the required drug screening) must attend the mandatory drug education class which is scheduled on the same calendar date as the student, from 8:00 AM to 11:00 AM.</b></li> <li>• Students will not be allowed to bring cell phones or any electronic devices to class.</li> <li>• Students will be required to sign a Rules of Behavior Agreement. If violated, the student can be dismissed from the class and <u>the drug diversion option will be nullified.</u></li> <li>• Student must maintain copy of their Certificate of Completion for the Referring Principal and/or Probation Officer if applicable.</li> <li>• The clinical staff of Bradford Health Services may determine that more intensive treatment may be needed for the student in addition to the first offenders drug diversion program. Additional services are not mandatory to continue eligibility in the drug diversion program.</li> <li>• An initial interview will be performed by the school social worker to determine a need for additional services and/or counseling. If it is determined that further assistance is recommended the parent/guardian will be notified.</li> <li>• Please contact our Drug Education Coordinator by email, <a href="mailto:Stephanie.davis@mnps.org">Stephanie.davis@mnps.org</a> <b>no later than 7:30am the day of the class when your child cannot attend due to circumstances beyond your control.</b> The circumstance will have to be approved on the scheduled Saturday morning prior to the class time.</li> </ul> <p><b><i>I understand that this program is being offered as an alternative to a zero tolerance infraction, which carries a maximum suspension of one calendar year. Failure to complete all aspects of this program will result in your child being remanded to an alternative learning center for one calendar year, in accordance with zero tolerance policy.</i></b>  <i>(As Defined in T.C.A. §§39-17-403 Through 39-17-415, T.C.A. § 39-17-454, and T.C.A. § 53-10-101)</i></p> <input type="checkbox"/> <b>As parent/legal guardian, my signature below verifies that I understand and agree to all terms listed above.</b>						
Signature Required:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Print Name</td> <td>Signature</td> <td>Date</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Print Name	Signature	Date			
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<b>CALENDAR DATES</b>	Aug. 26, 2017	Sep. 23, 2017	Oct. 21, 2017	Nov. 18, 2017	Dec. 09, 2017
	Jan.20, 2018	Feb. 17, 2018	Mar. 24, 2018	April 21, 2018	May 19, 2018

<b>BRADFORD HEALTH SERVICES</b>	Date of Consultation: _____ Employee Signature: _____ Additional Treatment Recommended: <input type="checkbox"/> None <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Other _____
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