



# Teacher Request for Classroom Removal

A teacher may submit a written request to their school principal, to remove a student who repeatedly or substantially interferes with the teacher's ability to communicate effectively with the class or with the ability of the student's classmates to learn. In order to submit a request for review, please complete this form and provide to your school administrator. Once received, the principal must give the student an opportunity to explain the situation and will then render a decision within two school days.

Teacher's Name: \_\_\_\_\_ School: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ IEP or 504 plan?  Yes  No

**1. Description of Disruptive Behavior.** Please describe the student's behavior(s). (Check all that apply.)

- Physical aggression (e.g., hitting, kicking, shoving)
- Verbal threats or abuse (e.g., threats of harm, abusive language)
- Destruction of property
- Continuous disruption of classroom activities
- Defiance or refusal to comply with directions
- Other (please specify): \_\_\_\_\_

**Details of the behavior:**

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**2. Previous Interventions.** Please indicate the strategies/interventions attempted. (Check all that apply.)

- Verbal warning
- Student conference
- Behavior redirection
- Change of seating
- Restorative conversation
- Parent/guardian conference-- If indicated, date of contact with parent: \_\_\_\_\_
- Referral to counselor or support staff
- Referral to school administrator
- Other (please specify): \_\_\_\_\_

**Outcome of interventions:**

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**Details of plan developed and implemented by teacher to improve the student's behavior:**

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**4. Impact on Classroom Learning Environment** Please describe how the student's behavior impacted the learning environment and why removal is being requested:

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Please include any other documentation that is relevant to this request.

**Teacher's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Administrator's Review/Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# Administrator Response to Teacher Request for Classroom Removal

Teacher's Name: \_\_\_\_\_ School: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date Request Received: \_\_\_\_\_

Does the student have an IEP or 504 plan?  Yes  No

Has the student been referred for S-team process?  Yes  No

Please indicate the action that you are taking in response to the teacher's request for classroom removal (check all that apply):

- Assigning the student to another appropriate classroom for a specified period of time;
- Assigning the student to another appropriate classroom for the remainder of the school year;
- Assigning the student to in-school suspension for a specified period of time, in compliance with the Murfreesboro City Schools Code of Conduct;
- Suspending the student pursuant to the Murfreesboro City Schools Code of Conduct;
- Requiring the parents or guardians of a student to participate in conferences before the student is permitted to return to the classroom from which the student was removed; or
- Denying the teacher's request to remove a student from the teacher's classroom and offering appropriate supports for the teacher to address the student's disruptive behavior.

If denying the request, please provide basis for the denial:

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

Please provide details of supports to be offered to the teacher to address the student's disruptive behavior:

\_\_\_\_\_

**If a teacher's request to remove a student from the teacher's classroom is denied, the teacher may appeal the decision to the Director of Schools within five (5) school days of the denial using the district-provided appeal form.**

Administrator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Teacher Request for Classroom Removal *Appeal Form*

If a teacher's request to remove a student from the teacher's classroom is denied, the teacher may file an appeal with the Director of Schools or designee to review the teacher's request to remove the student.

The appeal must be made in writing within five (5) school days of the denial issued by the principal or designee. The Director or designee will review the teacher's request, including any supporting documentation, and issue a written determination regarding the teacher's request.

Please complete the form below and e-mail the completed form and any relevant documentation to the Director of Schools.

Teacher's Name: \_\_\_\_\_ School: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ IEP or 504 plan?  Yes  No

Date of initial request for classroom removal: \_\_\_\_\_ Date Denial Received: \_\_\_\_\_

Please explain why the school administration's denial was erroneous:

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I understand that my appeal will be reviewed based on the documentation I submit. I understand that lack of support may lead to the denial of my appeal. I certify that all statements, documents, and information in this appeal are true and accurate.

Teacher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Teacher Request for Classroom Removal *Appeal Response*

If a teacher's request to remove a student from the teacher's classroom is denied, the teacher may file an appeal with the Director of Schools or designee to review the teacher's request to remove the student. The appeal must be made in writing within five (5) school days of the denial issued by the principal or designee. The Director or designee will review the teacher's request, including any supporting documentation, and issue a written determination regarding the teacher's request.

*A teacher shall not be terminated, demoted, harassed, or otherwise retaliated against for filing a request for a student to be removed from the teacher's classroom, or for appealing a decision to deny the teacher's request to remove a student.*

Teacher's Name: \_\_\_\_\_ School: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ IEP or 504 plan?  Yes  No

Date appeal form received: \_\_\_\_\_

Please indicate the decision you are making in response to the teacher's appeal:

Upholding denial

Overturning denial and making following recommendations to the school administration:

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

Other comments:

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

Reviewer Signature: \_\_\_\_\_ Date: \_\_\_\_\_