

LOS ANGELES UNIFIED SCHOOL DISTRICT

Student Health and Human Services

AB922 / STUDENT EXPULSION SUPPORT SERVICES (AB922/SESS)

**GUIDELINES FOR STUDENT EXPULSION SUPPORT SERVICES and
SCHOOL SITE NURSES**

Education Code sections 48916 and 48916.1 (formerly Assembly Bill 922) requires school districts to make provision for the education and reinstatement of all expelled students. In compliance with this law, the Student Expulsion Support Services (AB922/SESS) utilizes a multidisciplinary team approach to provide and facilitate a multitude of support services to students. A credentialed school nurse is a member of this team.

To maximize the achievement and well-being of this targeted student population, the AB922/SESS School Nurse reviews health records, conducts and documents mandated health screenings, consults with parents/guardians and staff, and facilitates referrals to and follow-up by service providers.

To assure continuity of school nursing services to students, the following protocol has been developed:

THE SCHOOL SITE -- SCHOOL NURSE:

1. Completes Form 33.56 for the administrator or designee to include with other documents requested by the Student Discipline Proceedings Unit (SDPU) that are needed for expulsion proceedings.
The completed form will be retrieved from SDPU by an AB922/SESS Counselor and given to the AB922/SESS School Nurse.

THE AB922/SESS -- SCHOOL NURSE:

1. Receives Student Health Information (Form 33.56) from the AB922/SESS Counselor and determines the need for initial or follow-up school nursing services.
2. Consults with SDPU and AB922/SESS staff, as needed to:
 - Interpret and/or clarify incoming health information provided by schools, parent/guardians, or other service providers.
3. Sends health information to the Site School Nurse at the time of reinstatement by:
 - Completing Student Health Information Follow-Up Form 33.57
 - or
 - Forwarding documented health information to the Site School Nurse on a Supplemental Health Record Card 34-EH-6S Rev.6/78

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Student Health Information
Site School Nurse to AB922/SESS School Nurse

This section is to be completed by the administrator or designee and given to the Site School Nurse:

Last Name First Name District ID/DOB Date Grade / Track

Address City Zip Code Home Telephone

Referring School School Telephone School of Residence

Date of Pre Expulsion Meeting Date of Expulsion Hearing

Current IEP: [] No [] Yes Eligibility and Program

Current 504 Plan: [] No [] Yes Reason and Accommodations

This section is to be completed by the Site School Nurse. If you have any special concerns, please telephone or e-mail the AB922/SESS School Nurse (213) 683-3582 peggy.loeb@lausd.net

Height Weight Date:

1. Does the student have any health problems? [] No [] Yes: Describe/Comments:

2. Does the student take medications? [] Home [] School [] None known Medication Name/Dose/Purpose:

3. Referrals: [] Vision [] Hearing [] Physical Health [] Mental Health. [] Faulty Color Vision Correction/Interventions/Comments:

4. Immunization Status: (from California State Immunization Record) [] Complete [] Incomplete Needs:

5. Additional comments or information/ follow-up needed?

School Site Nurse School Telephone / ext. email address

Date completed by Location/Telephone

