

WCSD ELEMENTARY VIOLENCE INTERVENTION PROGRAM REFERRAL

Student Name: _____ **Grade:** 4, 5, 6, **School:** _____

Class Date: Saturday, _____ **Principal Signature:** _____

Program Location: Verdi Elementary School, 250 Bridge St, Verdi NV 89439

From Sparks or Reno head west on I-80 to Verdi.

Follow I-80 W to 1-80 Business Loop. Exit @ Exit 5, I-80 W Business Loop

Follow I-80 W Business Loop to Bridge St in Verdi, Turn Right over the bridge to the school.

Your child has been suspended from school for an offense involving violent behavior. It is the policy of the Washoe County School District that the student be suspended. The suspension may be waived if you and your son / daughter attend the Elementary Violence Intervention Program offered by the school district. The program involves one Saturday morning at Verdi Elementary School. The session will deal with communication skills, anger management and conflict resolution skills.

In choosing the WCSD Elementary Violence Intervention Program, in lieu of suspension for my child, I acknowledge the following:

- My child's suspension will be reduced to _____ day if we attend the class.
- My son / daughter and I will attend the Elementary Violence Intervention Program on Saturday morning at Verdi Elementary School 9:00 a.m. – 11:00 a.m. Registration is between 8:45 – 9:00 a.m.
- If we fail to attend the Elementary Violence Intervention Program, I understand that my son/daughter will then either be suspended from school for the remainder of the original suspension, or will receive additional intervention counseling, in-house suspension or assignments.
- If there is an illness or an unforeseeable circumstance, I will call prior to 3:00 p.m. on Friday, and leave a message with the principal of the school my child attends.
- I understand the purpose of this program is not punitive in nature and will require the participation of both parent and child.

Parent / Guardian Signature: _____ **Date:** _____

Please return the signed form to the principal after class.

I verify that the child and parent attended the program & followed the guidelines.

VIP Teacher Signature: _____ **Date:** _____

HOME SCHOOL: Please fax this form to the counseling office (850-8020) by Thursday of the same week. In addition, give the parent a duplicate copy of the form so the parent can take the form for admittance to the program and return signed.

OFFENSES: (Circle one) Assault, Robbery, Bomb Threats, Disturbing the Peace, Battery, Fighting, Harassment, Hazing, Other
