



FACE IT SITE
 Palm Harbor Dixie Hollins
 Clearwater Lakewood
Circle ONE

**Pinellas County Schools
 Prevention Office**
 301 Fourth St. SW Largo, Florida 33770

Alternative to Reassignment for Alcohol and Other Drugs

Student Name	Student Number	Date	Grade
Student Address		School	

The student named above has been suspended for a mandatory 5-day Out-of-School Suspension for: _____

An Alternative to Reassignment (ATR) for Alcohol and Other Drugs program exists for Pinellas County Schools that allows for a waiver of up to Three (3) days of the mandatory *5-day suspension. To receive three (3) days in abeyance (held aside), the student, voluntarily, and with the consent and encouragement of the parent/caregiver must complete:

*refer to Disciplinary measures in Code of Conduct for ESE students

FACE IT (Families Acting Collaboratively to Educate and Involve Teens) is an education and prevention program offered by the Pinellas County Schools Prevention Office.

Requirement: Student and parent/caregiver attend one (1) half hour orientation session included in the first of eight (8) evening sessions (session one 5:30p.m. – 8:00p.m. Remainder of evening sessions 6:00p.m. – 8:00p.m.).

At the time of your child's suspension, the school administrator will give you the FACE IT Program brochure. You may call the Prevention Office to register for the FACE IT program at 727-588-6130 or you may register online at: <https://asd.pcsb.org/SchoolWiresForms/FaceIt/>

To turn the last three (3) suspension days into days held in abeyance (held aside), you, as the student's parent/caregiver, must enroll within five (5) days of the beginning Out-of-School Suspension date. You are **required** to bring this Alternative to Reassignment for Alcohol and Other Drugs Form with you to the FACE IT program. Upon completion of the program, this form will be returned to you. It is your responsibility to ensure that the form is submitted to the school administrator within five (5) days of completion of the FACE IT program.

If your child does not complete the FACE IT program, the administrator can suspend your child from school for the remainder of the 5-day suspension and recommend him/her for reassignment to an alternative program.

_____ SIGNATURE OF STUDENT	_____ DATE	Date of Suspension ___/___/___
_____ SIGNATURE OF PARENT/CAREGIVER	_____ DATE	Return Date ___/___/___ (with Alternative Registration)
_____ SIGNATURE OF SCHOOL ADMINISTRATOR	_____ DATE	Return Date ___/___/___ (if NO Alternative Program)

The above-named student participated, as indicated below, in FACE IT.

FACE IT Program Completed program Did not complete program

Session One ___/___/___ Session Four ___/___/___ Session Seven ___/___/___

Session Two ___/___/___ Session Five ___/___/___ Session Eight ___/___/___

Session Three ___/___/___ Session Six ___/___/___

I certify that _____ has completed the FACE IT program for the Alternative to Reassignment for Alcohol and Other Drugs program.

_____ FACE IT LOCATION	_____ SIGNATURE OF FACE IT FACILITATOR	_____ DATE
_____ FACE IT SITE SUPERVISOR	_____ PRINT FACILITATOR NAME	