

Student Name: _____
FSI #: _____
Event #: _____
Event Date #: _____
School #: _____
Administrator: _____



Preventing Recidivism through Opportunities, Mentoring, Interventions, Support and Education

Broward County Public Schools Notification of Unsuccessful Student Transition

Student Name: _____ FSI#: _____ Grade: _____
Home School: _____

The following component of the Student Transition Plan was unfulfilled for one of the reasons listed below. A referral to Broward County Public School's Juvenile Justice System of Care (JJSC) is being made for the initial violation of: _____ on _____.
PROMISE Eligible Infraction Date of Infraction

- Default on terms of Transition Plan: (specify) _____
- Absenteeism of student – resulting in the terms of the home-school portion of the program not being met
- Additional or repeated PROMISE infraction
- Other:
(specify) _____

Print Name of Administrator

Signature of Administrator

Date