

FULTON COUNTY SCHOOLS
TEACHER REMOVAL OF STUDENT (TROS) – PLACEMENT REVIEW COMMITTEE REPORT

STUDENT _____ GRADE _____ HOMEROOM _____

REMOVING TEACHER _____

COMMITTEE MEETING DATE _____ TIME _____

DECISION OF COMMITTEE*

() Student will return to teacher's class. Comments _____

() Student is referred for administrative action. Comments _____

NAMES OF PARTICIPANTS

SIGNATURES OF PARTICIPANTS

*ATTACH ADDITIONAL DOCUMENTATION IF NECESSARY