

Abeyance Optional Conditions:

- a. Parent/Legal Guardian will provide proof of counseling to the school administration.
- b. [Insert mentor name] will be assigned as a mentor. The student will meet with the mentor weekly on [day of week] at [time].
- c. The student will perform [insert # hours] hours of community service to be arranged by the mentor.
- d. The student will submit proof of compliance with any court ordered probation on a monthly basis.
- e. The student will attend Project FAAST counseling providing proof of attendance for at least [insert # sessions] sessions by [insert date].
- f. The student will attend counseling through the school's counseling department OR through an agency providing free counseling services (provide pamphlets) with a focus on [insert focus area ie, Anger Management, Social Skills, Substance Abuse etc.].
- g. The student will be assigned to In-School Suspension from [insert start date] through [insert end date].
- h. The student is restricted from attending [insert type of extra-curricular event(s)] during the term of the abeyance or through [give an end date to restriction].
- i. The student/parent/legal guardian will pay restitution in the amount of [insert \$ amount], payment to be completed by [insert date].