

## **FORM 16-8**

\*\*\*\*\* Insert School Letter Head \*\*\*\*\*

# **BRIEF TOBACCO AND NICOTINE INTERVENTION (BTNI) STUDENT & PARENT AGREEMENT**

Dear Student/Parent(s) or Legal Guardian(s),

When students are found responsible for using, possessing, or distributing tobacco/nicotine or delivery devices (e.g., Vape, E-cigarette, etc..), SOP 1200-018 requires a schedule of suspensions depending on the frequency of violation:

Offense	# Of Suspension
1 <sup>st</sup> Offense	3 Days
2 <sup>nd</sup> Offense	6 Days
3 <sup>rd</sup> Offense	9 Days
4 <sup>th</sup> Offense or more	10 Days

However, in lieu of suspensions, students can complete the Brief Tobacco and Nicotine Intervention Program. To participate, they must either be ready to quit or open to the idea of quitting the use of tobacco or nicotine delivery devices. Please refer to the intervention schedule below:

Offense		Intervention
1st		BTNI Registration and one (1) BTNI session with a School Counselor or School Health Counselor.
2nd		Minimum of three (3) sessions with a School Counselor, School Health Counselor, or School Administrator.
3rd or More		Referral to Behavioral Health Services (BHS) for (1) one psychoeducational family group session.
4th or more		Suspension depending on the frequency of violation as listed above.

We have read and understand the Brief Tobacco and Nicotine Interventions Program requirements and agree to the terms and conditions stated above.

Student Name (Print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent(s) or Legal Guardian(s) Name (Print)      Signature      Date

School Administrator Name (Print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_