

## Gaining Results in Intervention and Prevention

Program Goal: To improve student achievement, discipline, and attendance and to reduce substance abuse in the Cobb County School District (District) by providing a substance abuse intervention program to students who have violated certain rules and/or policies of the District and their parents/guardians.

Gaining Results in Intervention and Prevention (GRIP) is an intervention program offered to middle and high school students in the District who have violated certain rules and/or policies of the District. Successful completion of the GRIP program gives the student an option to reduce certain out-of-school suspensions as outlined in the Student Code of Conduct (Administrative Rule JCDA-R).

Students involved in extracurricular activities that are suspended from the activity due to rule/policy violations must complete the program prior to returning to their activity (or any other activities in the future).

Failure to complete the GRIP program will result in the student serving the full length of the student's suspension as discussed in Administrative Rule JCDA-R. However, if a student is admitted to a facility for treatment of chemical dependency between the time of suspension and prior to completion of the GRIP program, the GRIP program may be waived for the reduction of the suspension.

## GAINING RESULTS IN INTERVENTION AND PREVENTION (GRIP)

Please complete and return this form to Student Assistance Programs by email to  
Jennifer.Novak@cobbk12.org or by Fax to 678-594-8630

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_ School: \_\_\_\_\_

Grade: \_\_\_\_\_ Offense: \_\_\_\_\_ Extracurricular Activity: \_\_\_\_\_

**Student:** I have accepted the option given to me to attend the GRIP (Gaining Results in Intervention and Prevention) Program. In accepting this opportunity, I agree to full completion of the course provided by the District. I understand that if I do not complete the course, the remainder of my suspension or involvement in extracurricular activities will be enforced.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**Parents:** I, the parent or guardian of the above student, agree to have my child participate in the GRIP program in order to provide my child the opportunity to continue his/her educational program.

I understand that my child must complete the online drug and alcohol course provided by the District by the date assigned by the school system's GRIP program coordinator.

I understand that, if the course is not completed by the assigned date, the remainder of my child's suspension will be enforced.

If you believe your child needs additional support, contact your local school counselor.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Principal or Designee

\_\_\_\_\_  
Date

Student Assistance Programs  
Phone # 678-581-6803  
Fax # 678-594-8630