

Elayna Konstan
Chief Executive Officer
Office of Safety and Youth Development
52 Chambers Street – Room 218
New York, NY 10007

ACS – DOE Monthly Case Review Meeting Case Review Request Form

Case Review Date: _____

Date Submitted: _____

School: _____

CFN #: _____ **YDL:** _____

Student Name: _____

Student D.O.B.: _____

Case Called to SCR _____

Presenting Issue: _____

School Staff (with direct knowledge of case) to Attend:

Name: _____ **Title:** _____

Name: _____ **Title:** _____

Submitted by: _____
Name Title

Email Request to RWinste@schools.nyc.gov

Requests must be received no less than two school days prior to the meeting date.