

BILL NUMBER: HB 1715				DATE: 2/7/2024
COMMITTEE: Elementary and So	econdary Education			
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: ARNIE C."HONES	T-ABE" DIENOFF-STAT	E PUBLIC ADVOCATE	PHONE NUMI	BER:
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:	
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL: arniedienoff@yah	oo.com	ATTENDANCE: Written	SUBMIT 1 2/7/202	DATE: 24 11:23 PM
THE INFORMATION ON THIS FORM IS BURLLO BECORD LINDER CHARTER 610, DSMO				

I am in Support of this Bill and erasing the stigma of Bullying. But aren't these Policies and Measures are being done in the Public School Districts and that this may a duplication of requirement and Policies?



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		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: CAROLYN RANDA	AZZO		PHONE NUME	BER:	
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:		
ADDRESS:			<u> </u>		
CITY:			STATE:	ZIP:	
EMAIL: cmrandazzo@sbc	global.net	ATTENDANCE: Written	SUBMIT II 2/7/202	DATE: 24 2:14 PM	
THE INFORMATION ON THIS FORM IS BUILD IN DECORD LINDER CHARTER 610, DSMo					

Zero tolerance discipline policies and practices, in cases of bullying or any other discipline issue, are not effective. They do not change behavior since they do not get to the root of the issue--why did this student act this way? We must find out what caused the behavior, not just impose consequences.



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		WITNESS NAME				
INDIVIDUAL:						
WITNESS NAME: JOHN T. GRADY			PHONE NUME	BER:		
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:			
ADDRESS:						
CITY:			STATE:	ZIP:		
EMAIL:		ATTENDANCE:	SUBMIT D 2/7/202	OATE: 4 12:00 AM		
THE INFORMA	THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.					



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TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORI	MATIONAL PU	RPOSES
		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: KARE GRADY			PHONE NUI	MBER:	
BUSINESS/ORGANIZATION	ON NAME:		TITLE:		
ADDRESS:			·		
CITY:			STATE:	ZIP:	
EMAIL:		ATTENDANCE:	SUBMIT 2/7/20	DATE: 024 12:00 AM	
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TESTIFYING:	☐ IN SUPPORT OF	✓ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES	
		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: MICHAEL			PHONE NUMB	ER:	
BUSINESS/ORGANIZATIO	N NAME:		TITLE:		
ADDRESS:					
CITY:			STATE:	ZIP:	
EMAIL: MichaelWesten.3u	p@protonmail.com	ATTENDANCE: Written	SUBMIT D 2/5/202	ATE: 4 9:56 PM	
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I OPPOSE HB 1715 as originally drafted. I would rather the legislature develop model policy than DESE.



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		WITNESS NAME		
REGISTERED LO	OBBYIST:			
WITNESS NAME: BILL GAMBLE			PHONE NUMB 573-634-48	
REPRESENTING: SPECIAL SCHOOL	DISTRICT ST. LOUIS	COUNTY	TITLE:	
ADDRESS: P.O. BOX 1865				
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65101
EMAIL:		ATTENDANCE:	SUBMIT D 2/7/202	ATE: 4 12:00 AM
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