**DEPARTMENT OF CHILDREN AND FAMILIES**

**OFFICE OF EDUCATION**

**DISCIPLINARY ACTION DOCUMENTATION FORM**

Education program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Eligibility category: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Disciplinary action: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student behavior resulting in suspension: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Setting of suspension: ⬜ home ⬜ other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date(s) of suspension: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of school days (this incident): \_\_\_\_\_\_\_\_\_\_

Total number of school days suspended this school year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does this suspension constitute a “Change of Placement”? Why or why not?

Is the provision of services required? Why or why not?

If educational services are required, extent and description of services:

As needed, IEP Team meeting date (no later than 10 business days after taking disciplinary action): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purpose of meeting:

\_\_\_ Conduct a Manifestation Determination \_\_\_ Develop a Functional Behavioral Assessment

\_\_\_ Develop a Behavioral Intervention Plan \_\_\_ Review/modify an existing Behavioral Intervention Plan

\_\_\_ To address deficiencies in the IEP, placement, or implementation

Outcomes of the above referenced meeting(s): (attach additional documentation as needed)

Participants involved in making decisions regarding this Disciplinary Action:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name and Signature of person completing this form Date