

AGGREGATE SUSPENSIONS OF >10 DAYS PER YEAR

This form should be used to track all students when they are removed for an out of school suspension. It is especially important for multiple offenders and critical for special education students.

Name: _____ School: _____

School Year: _____ Date: _____

Review of Suspensions for Current School Year:

Offense	Dates of Suspension	No. of Days
	to	
	to	
	to	
	to	
	to	
	to	
	to	
Total Days of Suspension:		

1. The student has been suspended for similar different offenses.
2. Has alternative instruction been provided during periods of suspension? Yes No
Explain: _____
3. Has proximity of suspension created discontinuity of services? Yes No
4. Have total days of suspension created a discontinuity of services? Yes No

After consideration of the above information it is the consensus of the IEP Team that additional days of suspension DOES DOES NOT constitute a change of placement triggering the due process requirements of IDEA.

Record of Participation

LEA Rep: _____ Date: _____

Parent: _____ Date: _____

Special Education Teacher: _____ Date: _____

Regular Education Teacher: _____ Date: _____

Guidance Specialist: _____ Date: _____

Other: _____ Date: _____