

# Cooperative School Services

1389 Saint Gaspar Drive

Rensselaer, IN 47978

Phone (219) 866-8540 / (800) 832-3394 ~ Fax (219) 866-4668

General Email: [mail@cooperativeschoolservices.org](mailto:mail@cooperativeschoolservices.org)

## **SUSPENSION/EXPULSION REPORT FORM**

**This form should be filled out and returned electronically to: [mail@cooperativeschoolservices.org](mailto:mail@cooperativeschoolservices.org)**

To: Cooperative School Services

School Corporation: ☐BC ☐FR ☐KV ☐NN ☐RC ☐SN ☐TC ☐WC

Administrator Name/Building: \_\_\_\_\_

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date: \_\_\_\_\_

The above named student in special education has violated the school rules. Explain and/or attach suspension forms/discipline reports.

Please, check the one that applies:

☐ 5 cumulative days out-of-school suspension have been assigned since the beginning of the school year.

☐ 5 (or more days \_\_\_\_\_) of out-of-school suspension were assigned all at once.

☐ Student has missed \_\_\_\_\_ number out of \_\_\_\_\_ number of allowable days of school and will be referred for expulsion when at the limit.

☐ Student has had multiple in-school discipline actions and will be referred for expulsion in the near future.

☐ Student is being referred for expulsion at this time due to:

☐ Drugs ☐ Alcohol ☐ Weapon ☐ Serious Bodily Injury

Other: \_\_\_\_\_

Behavior:	

Check One: ☐ A Manifestation Determination Conference is being requested

☐ No Manifestation Determination Conference is needed at this time

- If the student is being referred for expulsion or suspension beyond 10 days, a copy of the Procedural Safeguards must be sent home along with the school's letter of Disciplinary Action.