

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

SUSPENSION/EXPULSION REPORT FORM

This form should be filled out and returned electronically to: 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.