

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