

JESSE DISCIPLINE DATA ENTRY FORM

Student Name _____ D.O.B. _____

Building _____

Date of suspension or expulsion starts _____

Length of suspension or expulsion _____ (Number of school days)

Type of disciplinary action (Please check one):

In school suspension Out of school suspension Expulsion

Please check one:

Unilateral Removal to an Interim Alternative Educational Setting by School Personnel. (Instances in which school personnel (NOT the IEP team) order the removal of children with disabilities from their current educational placement to an appropriate interim alternative educational setting for not more than 45 instructional days.)

Unilateral removal as a result of: Weapons

Drugs

Serious Bodily Injury

Removal to an Interim Alternative Educational Setting based on a hearing officer determination regarding likely injury. (Instances in which an impartial hearing officer orders the removal of children with disabilities from their current educational placement to an appropriate alternative educational setting for not more than 45 instructional days.)

Other Removal

Signature

Title

Date

Please send to the JESSE Office as soon as possible
following the disciplinary action. Thank you