

REPORT OF SUSPENSION

Name of Student _____ Date of Birth _____

School _____ Grade _____

Signature of Person Administering Suspension _____

Signature of Person Witnessing Suspension _____

Date _____ Time _____ Place _____

Special Education Student? Yes ___ No ___

(If yes is checked, this form must be faxed to the Department of Special Education, 453-3112)

1. List the reasons for suspension and number of days:
2. List efforts made to remediate discipline problems prior to suspension:
3. Describe conference/hearing at which suspension was recommended:
4. State the process by which the suspension was reported to the parent (by whom, how, when, etc.):

Signature of Principal

Date

There must be a conference between the parent/legal guardian and the school administrator before the child returns to school.

Parent _____ Home Phone _____ Other Phone _____

For Special Education purposes, a short-term suspension lasts no longer than ten (10) days cumulatively each school year and is not a change of placement. The school administrator must decide if the student must be suspended, and if it is appropriate to call an Individual Education Plan (IEP) Team meeting first. If the suspension being considered could cause the student to exceed ten (10) days of suspension for the school year, an IEP Team meeting is required to discuss the change of placement and decide if the infraction committed is related to the student's disability. Written notification of the outcome of this meeting must be given to all involved prior to the student being placed in long-term suspension. If the student is suspended for more than ten (10) days during the school year, special education services (as described on the current IEP) must continue by the eleventh day of suspension.

In-school suspensions are not considered suspensions for the purposes of this form. Please be advised that the parent/legal guardian of the student has the right to appeal the suspension to the Sevier County Board of Education.