

# Suspension, In-School Suspension, Alternative School and Zero Tolerance Information for Students with Disabilities

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

School: \_\_\_\_\_ Ethnic group: \_\_\_\_\_

Date ISS/Susp/ZT/Alt. School Recommended : \_\_\_\_\_ Number of Days ISS/Susp/ZT/Alt. School: \_\_\_\_\_

Student's Disability: \_\_\_\_\_ Date ISS/Susp/ZT/Alt. School Officially Began: \_\_\_\_\_

Date of Manifestation: \_\_\_\_\_ (if over 10 days) Date ISS/Susp/ZT/Alt. School Officially Ended: \_\_\_\_\_

Date of Functional Behavior Assessment: \_\_\_\_\_ (if over 10 days)

Exact Number of School Days Missed: \_\_\_\_\_ (Include all days missed from school resulting from this incident.)

Behavior Plan? Y N      Funct. Behav. Assm? Y N      Educ. Continued?

Has the Parent Been Notified? Y N      Date of Notification: \_\_\_\_\_

State Offense Code: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Principal/Assistant Principal: \_\_\_\_\_

Please complete this form after each ISS/Susp/ZT/Alt. School of a special education student.  
Return this form to Rhonda Davis at Central Office.