

Ripley-Ohio-Dearborn
Special Education Cooperative
925 North Meridian Street, Suite 100
Sunman, Indiana 47041

Out of School Suspension Record
(Special Education Students Only)

Student _____ Date of Birth _____

School _____ Date of Infraction _____

Suspension Dates _____

Teacher of Record _____

- ✓ **Disability** _____ Autism Spectrum _____ Multiple Handicap
- _____ Communication Disorder _____ Orthopedic Handicap
- _____ Emotional Disability _____ Other Health Impaired
- _____ Hearing Impairment _____ Severe Mentally Handicap
- _____ Learning Disabled _____ Traumatic Brain Injury
- _____ MiMH _____ Visual Impairment
- _____ MoMH

DRUG OFFENSE

The use, possession, sale or solicitation of drugs not including alcohol or tobacco.

(Please check all that apply)

_____ Student had physical possession of drug.

_____ Student demonstrated intent to use drug.

_____ Student was observed using drug.

WEAPON OFFENSE

A weapon, device, instrument, material or substance, animate or inanimate, that is used for, or is readily capable of causing death or serious bodily injury. This does not include a pocket knife with a blade of less than 2½ inches in length.

(Please check all that apply)

_____ Student had physical possession of weapon.

_____ Student demonstrated intent to use weapon.

_____ Student was observed using weapon.

OTHER OFFENSE (describe): _____

Number of days of **out of school suspension** for this offense _____.

Cumulative days of **out of school suspension** for this school year _____.

Complete functional behavior assessment and behavior intervention plan after 3 total days of suspension per school year.

Attach copy of school discipline report.

Fax to ROD at (812-623-2315) a copy for each suspension.

Principal Signature _____ Date _____