

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

In-School Suspension Record (ISS)
(Special Education Students Only)

Student _____ Date of Birth _____

School _____ Date of Infraction _____

Suspension Dates _____

Teacher of Record _____

✓ **Disability**

- Autism Spectrum
- Communication Disorder
- Emotional Disability
- Hearing Impairment
- Learning Disabled
- MiMH
- MoMH

- Multiple Handicap
- Orthopedic Handicap
- Other Health Impaired
- Severe Mentally Handicap
- Traumatic Brain Injury
- Visual Impairment

OFFENSE (describe): _____

Number of days of **in-school suspension** for this offense _____.

Describe how student is participating in the general education curriculum while in ISS:

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

Principal Signature _____ Date _____