

Massachusetts Department of Education Student Discipline Record 2003-2004

Please complete an electronic copy of this form for <1> every student disciplined for a violence or drug-related offense (as reported on a Violence or Drug-Related Incident Report), or <2> any other General Education students receiving a suspension of more than 10 consecutive school days (including expulsion) for non-drug or violence related activities or <3> all Special Education students receiving disciplinary action for non-drug or violence related activities during the 2003-2004 school year. If the same student is disciplined on more than one occasion, you must complete a separate form for every instance in which that student is disciplined. If you have any questions about completing this form, please contact Data Collection at (781) 338-3282.

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| 1. | Incident Date ____ / ____ / ____ (mm/dd/yyyy) Please enter the date the incident occurred. Date must be during 2003-04 school year. |
| 2. | Incident ID _____ (for violence or drug-related incident) This number will be automatically generated by the Department. |
| 3. | First Name _____ (This information will automatically be displayed by the Department) |
| 4. | SASID _____ Please enter the State Assigned Student Identification number for the student. |
| 5. | Date of Birth ____ / ____ / ____ (This information will automatically be displayed by the Department) |
| 6. | Grade enrolled in 2003-04 school year ____ (This information will automatically be displayed by the Department) |
| 7. | Disciplinary action taken (check only one) <input type="checkbox"/> 1. In-school suspension <input type="checkbox"/> 2. Out-of-school suspension (less than or equal to 10 consecutive days) <input type="checkbox"/> 3. Exclusion (more than 10 consecutive days) <input type="checkbox"/> 4. Permanent exclusion (expulsion) * <input type="checkbox"/> 5. Removed by an impartial hearing officer to an alternative setting <input type="checkbox"/> 6. Removed by school personnel to an alternative setting |
| 8. | Start Date ____ / ____ / ____ (mm/dd/yyyy) Indicate date student was initially removed from school in this instance. Date must be during 2003-04 school year. Complete only ONE of the following two items. (If student moved or transferred, complete 8-10 as if student remained enrolled there.) |
| 9. | Date Returned to School ____ / ____ / ____ (mm/dd/yyyy) Indicate date if the student returned to school. |
| 10. | Date Eligible to Return ____ / ____ / ____ (mm/dd/yyyy) If the student has not yet returned to school and is eligible to return, indicate date eligible to return. Enter 09/01/04 if student was removed for remainder of the 2003-04 school year. |
| 11. | Number of school days missed due to disciplinary action ____ Count number of school days from the start date of suspension/exclusion, to the return date or eligible return date. For exclusions through the end of the 2003-04 school year, or permanent exclusions, count the number of days through the last day of the 2003-04 school year. |
| 12. | Program Status at time of disciplinary action <input type="checkbox"/> 1. General Education <input type="checkbox"/> 2. Special Education - student has an Individualized Education Plan <input type="checkbox"/> 3. Referred - student was referred for special education evaluation but not yet evaluated |
| 13. | Alternative Education Did the district provide the student with alternative education for the duration of exclusion <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No |
| 14. | Type of Alternative Education (if Yes checked in 13 above, otherwise leave blank) If the district provided the student with alternative education, in what setting were services provided? <input type="checkbox"/> 1. Home tutoring <input type="checkbox"/> 2. In-district alternative program <input type="checkbox"/> 3. Alternative program in another district <input type="checkbox"/> 4. Private alternative setting <input type="checkbox"/> 5. Work/community service setting |
| 15. | Alternative Education Not Provided (if No checked in 13 above, otherwise leave blank) Indicate the reason why the student was not provided with alternative education. <input type="checkbox"/> 1. Moved/transferred <input type="checkbox"/> 2. Refused/did not respond <input type="checkbox"/> 3. Incarcerated * <input type="checkbox"/> 4. School exercised its right to not provide alternative education * |

* Students with disabilities and students who are incarcerated may be permanently excluded. However, under FAPE, districts must continue to ensure that services are provided to students with disabilities until they exit the school district.