

**STUDENTS WITH DISABILITIES SUSPENSION/EXPULSION REPORT
SCHOOL YEAR 2009 - 2010**

When completed, this form contains information protected by the Privacy Act of 1974.

INSTRUCTIONS

Please record below relevant information for all students on an Individual Education Plan (IEP), a DoDEA Accommodation Plan (504 Plan), or who are in the referral or evaluation process for either an IEP or 504 plan, **AND** who have been removed from the regular school setting for more than 10 cumulative school days during the school year reported. Please complete the chart by listing the appropriate information or placing an "X" in the appropriate spaces.

RACIAL CATEGORY: Please indicate the racial category or categories with which you most closely identify by entering the numerical code in column 3.c., "RACIAL CATEGORY". Enter as many numbers as apply: **1 - American Indian or Alaska Native** (a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment). **2 - Asian** (a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam). **3 - Black or African American** (a person having origins in any of the black racial groups of Africa). **4 - Native Hawaiian or Other Pacific Islander** (a person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands). **5 - White** (a person having origins in any of the original peoples of Europe, the Middle East, or North Africa).

NOTE: A removal for more than 10 cumulative school days may be a suspension (in or out of school), a placement in an alternative setting, or an expulsion.

1. DISTRICT

2. SCHOOL NAME

3. STUDENTS REMOVED

* Limited English Proficiency

* Referred or Evaluated

a. NAME (Last, First, Middle Initial)	b. GENDER (M/F)	c. RACIAL CATEGORY	d. ETHNICITY (Hispanic/ Latino) (Yes/No)	e. LEP* (X)	f. 504 (X)	g. IEP (X)	h. DISABILITY CATEGORY	i. REF/EVAL** (R/E)	j. TYPE OF REMOVAL	k. NUMBER OF DAYS REMOVED THIS SY	l. DATES OF REMOVAL (From/To) (YYYYMMDD)