

**Warren County Schools
Disciplinary Action(s) for Exceptional Children**

Month: _____

Year: _____

Signature of Principal: _____

School Reporting Action(s): _____

Signature of IEP Team Leader: _____

ISS=In School Suspension

OSS=Out of School Suspension

LTS=Long Term Suspension

Student's Name (Last, First)	Race	Disability	Age	Type of Suspension			Actual Dates of Suspension (Indicate Beginning and Ending Dates)	Reason(s) Suspended	Is this suspension due to a weapon or drug charge? (Place W or D in Yes Column when applicable or check No)		Has the student been suspended >10 days? If yes, attach a copy of the manifestation form (Check one)		Total number of days this student has been suspended this school year
				ISS	OSS	LTS			YES	NO	YES	NO	

Note: Please send this report to the EC Office on the 5th day following the preceding month of suspension actions. If you have no actions for the month, please note "no actions" on the form and return to our office.