

IBERVILLE PARISH PUBLIC SCHOOLS DISCIPLINARY ACTION PLAN

SECTION 1

Student Name: _____ School: _____
 Grade: _____ Sex: _____ Race: _____ Age: _____ Exceptionality: _____
 Date of Infractions: _____ Suspension #: _____ Number of days excluded: _____
 Number of cumulative days: _____

REASON(S) FOR SUSPENSION:

	WILLFUL DISOBEDIENCE (EXPLAIN)		DISRESPECT FOR AUTHORITY (EXPLAIN)
	FALSE CHARGE AGAINST AUTHORITY (EXPLAIN)		USE OF PROFANE/OBSCENE LANGUAGE (EXPLAIN)
	IMMORAL OR VICIOUS PRACTICES (EXPLAIN)		CONDUCT INJURIOUS TO OTHERS (EXPLAIN)
	USE/POSSESS CONTROLLED SUBSTANCE		USE/POSSESS TOBACCO OR LIGHTER
	USE/POSSESS ALCOHOL		DISTURBS SCHOOL/VIOLATES RULES
	VANDALISM (EXPLAIN)		WRITES/DRAWS OBSCENITIES (EXPLAIN)
	IS GUILTY OF STEALING (EXPLAIN)		POSSESSES WEAPON(S)
	LEAVES CAMPUS/CLASSROOM		FIGHTING
	EXCESSIVE TARDIES.		SKIPPING CLASS
	BUS MISCONDUCT (EXPLAIN)		ANY OTHER SERIOUS OFFENSE

Description of Infraction: _____

*Has a pattern of suspensions occurred? _____ YES (If yes, see Section 2 below) _____ NO
 *PATTERN - Factors that should be considered are: 1) length of removals 2) proximity of removals to one another and 3) total amount of time excluded from school.

SECTION 2

FOR SUSPENSIONS OF MORE THAN 10 CONSECUTIVE DAYS, PATTERN OF SUSPENSIONS, OR FOURTH SUSPENSION THAT CONSTITUTES A CHANGE IN PLACEMENT, THE IEP TEAM MUST RECONVENE TO:

1. Conduct/review Functional Behavioral Assessment and develop plan to address behavior within 10 Business Days after the removal
2. Conduct a Manifestation Determination within 10 School Days-to be determined by the IEP TEAM and other qualified personnel.
3. Conduct a reevaluation if needed.

SECTION 3

FOR SUSPENSIONS OF MORE THAN 10 CUMULATIVE DAYS THAT DO NOT CONSTITUTE A CHANGE IN PLACEMENT, THE FOLLOWING ACTIONS ARE REQUIRED:

1. On the 11th day of removal, services MUST be provided.
2. Within 10 Business Days after the removal, the IEP Team MUST conduct/review Functional Behavioral Assessment and develop plan to address behavior.

Principal/Designee Signature: _____

Special Education Teacher's Signature: _____

SEND COPIES TO THE FOLLOWING: Special Education Teacher, Behavior Interventionist, Pupil Appraisal, and Parent