

Montcalm Area Intermediate School District

621 New St, PO Box 367 Stanton MI 48888

Special Education Disciplinary Action

Student Count: Oct Feb EOY

Student Last Name: _____ First Name: _____ DOB: _____

UIC: _____ School: _____

Attending District: _____ Resident District: _____

Incident ID: _____ (1 to 10 Length – alpha or numeric characters)

Date of Incident: _____

Incident Type:

- | | |
|---|--|
| <input type="checkbox"/> 20 Firearm Possession – Handgun | <input type="checkbox"/> 44 Bomb or Similar Threat |
| <input type="checkbox"/> 21 Firearm Possession - Rifle/Shotgun | <input type="checkbox"/> 55 Arson |
| <input type="checkbox"/> 22 Firearm Possession - Other than Handgun, Rifle or Shotgun | <input type="checkbox"/> 56 Other |
| <input type="checkbox"/> 23 Other Weapon Possession | <input type="checkbox"/> 60 Physical Violence with Injury |
| <input type="checkbox"/> 30 Illicit Drug | <input type="checkbox"/> 61 Physical Violence without Injury |
| <input type="checkbox"/> 31 Alcohol | <input type="checkbox"/> 62 Tobacco |

Serious Bodily Injury: Yes No

Sexual Assault: Yes No

Estimated Cost of Property Damage: _____ (Out of pocket expenses to repair damage – up to \$99,999)

Initial Consequence:

- | | |
|---|---|
| <input type="checkbox"/> 1 In-School Suspension | <input type="checkbox"/> 4 Unilateral Removal |
| <input type="checkbox"/> 2 Out-of-School Suspension | <input type="checkbox"/> 5 Expulsion |
| <input type="checkbox"/> 3 Removal By Hearing Officer | |

Initial Days: _____ (0.5-888.0)

Initial Start Date: _____

Secondary Consequence:

- | | |
|---|---|
| <input type="checkbox"/> 1 In-School Suspension | <input type="checkbox"/> 4 Unilateral Removal |
| <input type="checkbox"/> 2 Out-of-School Suspension | <input type="checkbox"/> 5 Expulsion |
| <input type="checkbox"/> 3 Removal By Hearing Officer | |

Secondary Days: _____ (0.5–888.0)

Secondary Start Date: _____

Other Consequence:

- | | |
|---|---|
| <input type="checkbox"/> 1 In-School Suspension | <input type="checkbox"/> 4 Unilateral Removal |
| <input type="checkbox"/> 2 Out-of-School Suspension | <input type="checkbox"/> 5 Expulsion |
| <input type="checkbox"/> 3 Removal By Hearing Officer | |

Other Days: _____ (0.5-888.0)

Other Start Date: _____

Follow Up:

- | | |
|--|--|
| <input type="checkbox"/> 20 Placed in an Alternative School | <input type="checkbox"/> 23 Education Provided by Another District or Agency |
| <input type="checkbox"/> 21 Instructional Services to the Student at Home | <input type="checkbox"/> 24 Placed in Strict Discipline Academy |
| <input type="checkbox"/> 22 Instructional Services to the Student in Community/
Non-School Location | <input type="checkbox"/> 25 Other Educational Service Referral |

Administrator's Signature _____