

**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 5<sup>th</sup> 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.**