***For Use with: Discipline Self-Assessment***

**INSTRUCTIONS:**

***The purpose***: The Individual Discipline Records Review Checklist is a tool that provides a sampling of discipline data across the district. The checklist will assist the district in reviewing all documentation to determine compliance.

**Directions for Table 1:** Complete Table 1 for each student who has accumulated greater than 10 days of OSS. Reproduce pages 10-12 for each student record reviewed.

|  |  |
| --- | --- |
| *Column 1* -  | Information to be reviewed for each student record. |
| *Column 2* -  | Put “Y” (yes) in the column if the student’s record review shows evidence that the requirement is met for this student. |
| *Column 3* -  | Put “N” (no) in the column if the student’s record review lacks evidence that this requirement is met. |
| *Column 4* - | Put “NA” (not applicable) in the column if the item is not applicable to this student. An item should be noted as NA if it clearly does not pertain to the individual student. |

***Example:***

***The student is 18 and is emancipated (student no longer lives with his parents). Therefore, parent participation would be N/A.***

The number of students selected should be determined as follows:

|  |  |
| --- | --- |
| 25 or fewer students with disabilities with out-of-school suspensions/expulsion and removed greater than 10 days | **Review 6 of these student records** in the area identified. |
| 26-150 students with disabilities with out-of-school suspensions/expulsion and removed greater than 10 days | Randomly select 10 of these student records.  |
| 151 + students with disabilities with out-of-school suspensions/expulsion and removed greater than 10 days | Randomly select 15 of student records |

**Discipline: Guiding Questions Worksheet**

1. Describe how non-compliance in discipline might be contributing to the problem.
2. Using the data from the chart, how will you monitor and support targeted schools and or staff that require technical assistance?
3. Are students with disabilities demonstrating a pattern of removals for in-school suspension prior to out-of-school suspension/expulsions? Were behavioral interventions and supports provided?
4. Are students with disabilities, who are demonstrating a pattern of removals, receiving access to positive behavioral interventions and supports and other strategies? What interventions and supports appear to be most effective?
5. Do you notice any equity gaps by groups, settings, or school? (i.e., gender, racial/ethnic groups, middle school, high school, disability groups, etc.)
6. How does the district provide job-embedded learning and training on discipline procedures?

***DISCIPLINE – Table 1: Out of School Suspensions (OSS)***

**District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Disability Category: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ISS Days: \_\_\_\_\_\_OSS Days: \_\_\_\_\_\_\_\_\_\_**

***This information will be used to complete the OSS Summary Table on page 5.***

| ***Table 1 – Out of School Suspensions (OSS)******Student Record Information*** | ***Evidence that requirement has been met:*** |
| --- | --- |
| ***Yes*** | ***No***  | ***NA*** |
| 1. Did the parents and the child with a disability receive a copy of *Your Rights Under IDEA*, at least annually or in accordance with the discipline procedures in 34CFR300.530(h) (9.05)?
 |  |  |  |
| 1. Was the child removed from his/her current placement for greater than 10 days?
 |   |  |  |
| 1. Did the “removal” constitute a change of placement based upon the discipline rule?
 |  |  |  |
| 1. Did school personnel consider any unique circumstances on a case-by-case basis when determining whether the change in placement, consistent with the other requirements of this regulation, was appropriate for a child with a disability who violated the student code of conduct?
 |  |  |  |
| 1. Was there a Manifestation Determination Review meeting **(within 10 days)** a decision was made to change the **placement** of a child with a disability who violated the student code of conduct and for each disciplinary removal thereafter.
 |  |  |  |
| 1. Did the Local Educational Agency (LEA), the parent, and the members of the child's IEP Team, convene to review all relevant information - the child's IEP, any teacher and related service provider observations, and any information provided by the parents to **determine if the conduct in question was caused by, or had a direct and substantial relationship to, the child’s disability?**
 |  |  |  |
| 1. **a.** If the behavior was found to be a manifestation, did school personnel conduct a functional behavioral assessment (FBA) or review an existing FBA?

*(If the behavior was found NOT to be a manifestation of the child’s disability, please indicate NA.)*  |  |  |  |
| **b.** If the behavior was found to be a manifestation, did school personnel develop a Behavior Intervention Plan (BIP) or if a BIP was already developed, did the school personnel review the BIP, and modify it, as necessary, to address the behavior? |  |  |  |
| **c.** Was the child’s BIP implemented? |  |  |  |

***DISCIPLINE – Table 1: Out of School Suspensions (OSS) (cont.)***

**District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

| ***Table 1 – Out of School Suspensions (OSS)******Student Record Information*** | ***Evidence that requirement has been met:*** |
| --- | --- |
| ***Yes*** | ***No***  | ***NA*** |
| 1. a. Did school personnel remove the child to an interim alternative educational setting for no more than 45 school days without regard to whether the behavior was determined to be a manifestation of the child's disability? (*If yes, you must address ‘*b’ *below and N/A if child was not removed more than 45 days).*
 |  |  |  |
| 1. Did the child -
	* 1. Carry a weapon to or possess a weapon at school, on school premises, or at a school function under the jurisdiction of the State or the LEA;
		2. Knowingly possesses or uses illegal drugs, or sell or solicit the sale of a controlled substance, while at school, on school premises, or at a school function under the jurisdiction of the State or the LEA; or
		3. Inflict serious bodily injury upon another person while at school, or on school premises?
 |  |  |  |
| 1. Was the parent notified on the date on which the decision was made to make a removal that constituted a change of placement of a child with a disability because of a violation of the student code of conduct?
 |  |  |  |
| 1. Did the child continue to receive services during any subsequent days of removal beyond the 10-day mark?
 |  |  |  |
| 1. If the disciplinary removal resulted in a change of placement, did the parents participate on the IEP team meeting?
 |  |  |  |
| 1. If appropriate, was transportation offered and/or provided for the child to an alternative setting?
 |  |  |  |

**Discipline: OSS Summary Table**

Complete the OSS Summary Table by transferring your answers from the Guiding Questions and the Individual Student Record Review Checklist to the corresponding spaces.

District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| StudentName | 1 | 2 | 3 | 4 | 5 | 6 | 7a | 7b | 7c List of Behavioral Interventions | 8a | 8b | 9 | 10 | 11 | 12 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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*Make additional copies as needed.*