DELAWARE CITY SCHOOLS

LOG OF DISCIPLINARY ACTIONS – STUDENT WITH DISABILITY

Student Name: _____ School: _____

Date of Most Recent MFE/ETR: _____ Effective Dates of Current IEP: _____

Date of Most Recent Functional Behavior Assessment (FBA) (if applicable): _____

Date of Most Recent Behavior Intervention Plan (BIP) (if applicable): _____

DATE OF DISCIPLINARY EVENT/CONDUCT	NATURE OF DISCIPLINARY EVENT/CONDUCT (include reference to violated provisions of Student Code of Conduct)	SPECIAL CIRCUMSTANCES			WAS STUDENT REMOVED FROM HIS/HER CURRENT EDUCATIONAL PLACEMENT? Y/N If Yes		DID A FBA OCCUR? Y/N	WAS A BIP DEVELOPED OR REVISED? Y/N	TOTAL # OF DAYS STUDENT HAS BEEN REMOVED THIS SCHOOL YEAR
		Weapons	Alcohol/Drugs	Serious Bodily Injury	Date(s) of removal	# of day(s) removed			

9/17/07

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