



FRONTIER SCHOOL DIVISION SUSPENSION REPORT OF STUDENT

This form is to be sent to the Chief Superintendent and Area Superintendent immediately following a suspension of a student.

Name of Student: _____ School: _____

Date of Birth: _____ Grade: _____ Age: _____

Parents/Guardians: _____ Phone: _____

How were parents/guardians notified? _____

Length: _____ Starting: _____ Returning: _____

Is student supported by an Individual Education Plan (IEP)? Yes: No:

Is student supported by a Behaviour Intervention Plan (BIP)? Yes: No:

Reason for Suspension – check (✓) using legend below:

- | | |
|---|---|
| <input type="checkbox"/> Fighting | <input type="checkbox"/> Drugs |
| <input type="checkbox"/> Smoking on school property | <input type="checkbox"/> Alcohol |
| <input type="checkbox"/> Behaviour (Swearing, Defiance, Teasing, Disruptive, Uncooperative) | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Verbal Abuse | <input type="checkbox"/> Violence against student |
| <input type="checkbox"/> Behaviour on School Bus | <input type="checkbox"/> Violence against teacher/teacher assistant |
| <input type="checkbox"/> Vandalizing School Property | <input type="checkbox"/> Other (explain) _____ |

A. Was the incident reported to the RCMP/Local Police? Yes No N/A

B. Did the incident result in a school lockdown? Yes No N/A

If “Yes”, was a lockdown report submitted? Yes No N/A

C. Was the Threat Assessment protocol used? Yes No N/A

D. Indicate the support system provided to the student during the suspension. If no supports provided, indicate reason.

E. Indicate the follow-up steps planned after the suspension.

F. Indicate any previous suspensions, including dates and reasons.

Principal and/or Vice-Principal

Date