



# 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:

Length:

Starting:

Returning:

Is student supported by an IEP or Behaviour Plan: Yes: No:

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

Fighting

Drugs

Smoking on school property

Alcohol

Behaviour (Swearing, Defiance, Teasing, Disruptive, Uncooperative)

Substance Abuse

Verbal Abuse

Violence against student

Behaviour on School Bus

Violence against teacher/teacher assistant

Vandalizing School Property

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