

WORKSHEET FOR DETERMINING A PATTERN OF REMOVALS



4041 E. Mannsiding Road
Clare, MI 48617

CLARE-GLADWIN REGIONAL EDUCATION SERVICE DISTRICT (BEAVERTON, CLARE, FARWELL, GLADWIN, HARRISON)

STUDENT'S NAME	Last:	First:	Middle Initial:
Student's Id#:	Date Of Birth:	Grade:	School:

Participants: (Must include at least caseload manager and building administrator)

Name/Role

Name/Role

Name/Role

Name/Role

DESCRIPTION OF BEHAVIOR/INCIDENT SUBJECT TO DISCIPLINE List all incidents subject to suspension for current school year.	Date of Suspension	Number of days of Suspension	Cumulative days of Suspension	Proximity of Removals
Incident #1				
Incident #2				
Incident #3				
Incident #4				
Incident #5				
Incident #6				
Incident #7				
Incident #8				
Incident #9				
Incident #10				

DETERMINATION OF PATTERN OF REMOVALS *	RATIONALE FOR DETERMINATION
Incident #1 <input type="checkbox"/> Yes <input type="checkbox"/> No	
Incident #2 <input type="checkbox"/> Yes <input type="checkbox"/> No	
Incident #3 <input type="checkbox"/> Yes <input type="checkbox"/> No	
Incident #4 <input type="checkbox"/> Yes <input type="checkbox"/> No	
Incident #5 <input type="checkbox"/> Yes <input type="checkbox"/> No	
Incident #6 <input type="checkbox"/> Yes <input type="checkbox"/> No	
Incident #7 <input type="checkbox"/> Yes <input type="checkbox"/> No	
Incident #8 <input type="checkbox"/> Yes <input type="checkbox"/> No	
Incident #9 <input type="checkbox"/> Yes <input type="checkbox"/> No	
Incident #10 <input type="checkbox"/> Yes <input type="checkbox"/> No	

* If indicating yes and there are 10 or more (consecutive or cumulative) days of suspension, it is a change in placement. Provide procedural safeguards on the day of suspension and conduct an MDR.