

Public/Private PreK Suspension and Expulsion Incident Report

To meet obligations related to Universal Pre-Kindergarten (PreK) suspension and expulsion data collection, prequalified private and public PreK programs must complete this incident report for *each* child who is asked to leave PreK or misses PreK for a determined period of time due to behavioral or disciplinary reasons. Within 5 school calendar days from the date of incident, submit this report to the designated contact for the child's school district of residence.

Public/Private Qualified PreK Program:		Date of Incident:	
Name of Program Director/Administrator Completing Report:			
Child's Last Name:	First Name:	Middle:	
Date of Birth:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Town of Residence:	
Is the child on an active Individualized Education Plan (IEP)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is the child an English Language Learner? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was the child injured? <input type="checkbox"/> No Injury		<input type="checkbox"/> Minor Injury <input type="checkbox"/> Serious Injury	
Was another child injured? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Location of Incident: <input type="checkbox"/> Classroom <input type="checkbox"/> Large group activity <input type="checkbox"/> Small group activity <input type="checkbox"/> Individual activity <input type="checkbox"/> Centers/Playtime <input type="checkbox"/> Transitions <input type="checkbox"/> Bathroom/Diapering area <input type="checkbox"/> Mealtime area <input type="checkbox"/> Quiet time/nap area <input type="checkbox"/> Hallway/Stairs <input type="checkbox"/> Playground <input type="checkbox"/> Gym <input type="checkbox"/> Field Trip <input type="checkbox"/> Bus/transportation <input type="checkbox"/> Director's office <input type="checkbox"/> Other: _____		Time of Incident: <input type="checkbox"/> Upon arrival to PreK <input type="checkbox"/> During pick-up from PreK <input type="checkbox"/> On the bus to PreK <input type="checkbox"/> On the bus from PreK <input type="checkbox"/> During morning session <input type="checkbox"/> During afternoon session <input type="checkbox"/> During quiet time <input type="checkbox"/> During outdoor play <input type="checkbox"/> During bathroom or diapering <input type="checkbox"/> During transition between routine activities <input type="checkbox"/> During mealtime/breakfast/lunch/snack <input type="checkbox"/> Other, please describe below: _____ _____ _____	

Describe the reason why the child was asked to leave the PreK classroom/program for determined period of time (suspension) or requested to permanently leave PreK program (expulsion):

Were drugs or weapons involved in incident? Yes No
Please describe:

Which of the following actions were taken:

- In Program/School Suspension
 - Transferred child to another PreK classroom within same program
 - Reduced hours in PreK program
 - Increased time in director's office (determined period of time spent out of classroom)
 - Transportation denied
- Suspension (child removed from current PreK program for determined period of time)
 - Yes No Special Education Services were delivered for students with IEPs
- Expulsion
 - Yes No Family notified that their child cannot return to PreK program
- Conference with family and plan developed

Based on action taken, please complete date of expulsion or suspension period below.

Date child requested to permanently leave program (expulsion) ____/____/____

Suspension Start date: ____/____/____ Return date: ____/____/____

Out of the 10 entitled PreK hours per week, please choose one option below that reflects your private or public PreK program weekly schedule:

How many sessions (consecutive/cumulative) was the child suspended? ____

How many hours (consecutive/cumulative) was the child suspended? ____

Date PreK program submitted this report to School District: ____/____/____

PreK Program Director/Administrator signature: _____

For School District Purposes Only

Date report received by School District: ____/____/____

Data uploaded into school based data reporting system: ____/____/____