Monthly OCR Tally Sheet

|  |  |
| --- | --- |
| **#** | **Specific Data Needed (monthly)** |
|  | Month |
|  | Number of Days in Session for the month |
| ENROLLMENT (if updating monthly) | |
|  | Total enrollment for all students |
|  | Enrollment for African American / Black students |
|  | Enrollment for White students |
|  | Enrollment for Hispanic / Latina/o students |
|  | Enrollment for Asian / Pacific Islander students |
|  | Enrollment for American Indian students |
|  | Enrollment for students with 2 or more Races |
|  | Enrollment for Unknown |
|  | Enrollment for Students with IEPs |
|  | Enrollment for Students with 504 plans |

|  |  |
| --- | --- |
| TOTAL NUMBER OF STUDENTS RECEIVING OFFICE DISCIPLINARY / CONDUCT REFERRALS | |
|  | All students |
|  | White |
|  | African American / Black |
|  | Hispanic / Latina/o |
|  | Asian / Pacific Islander |
|  | American Indian |
|  | 2 or more Races |
|  | Unknown |
|  | Students with IEPs |
|  | Students with 504 plans |
| TOTAL NUMBER OF STUDENTS RECEIVING OUT OF SCHOOL SUSPENSION ASSIGNMENTS | |
|  | All students |
|  | White |
|  | African American / Black |
|  | Hispanic / Latina/o |
|  | Asian / Pacific Islander |
|  | American Indian |
|  | 2 or more Races |
|  | Unknown |
|  | Students with IEPs |
|  | Students with 504 plans |
| TOTAL NUMBER OF STUDENTS RECEIVING IN-SCHOOL SUSPENSION ASSIGNMENTS | |
|  | All students |
|  | White |
|  | African American / Black |
|  | Hispanic / Latina/o |
|  | Asian / Pacific Islander |
|  | American Indian |
|  | 2 or more Races |
|  | Unknown |
|  | Students with IEPs |
|  | Students with 504 plans |

|  |  |
| --- | --- |
| TOTAL NUMBER OF REFERRALS BY GRADE | |
|  | GRADES |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| TOTAL NUMBER OF REFERRALS BY LOCATION | |
|  | LOCATIONS |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| TOTAL NUMBER OF OFFICE CONDUCT REFERRALS BY INFRACTION | |
|  | INFRACTIONS |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| SUPPLEMENTAL DATA OPTIONS | |
|  | EDIT FOR SUPPLEMENTAL DATA CATEGORIES (E.G., NURSE VISITS, COUNSELOR VISITS, ETC.) |