Monthly Tally Form for Paper Tracking of Referrals and Suspensions

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| **#** | **Specific Data Needed (monthly)** |
|  | Number of Days in Session for the month |
| ENROLLMENT |
|  | 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 |

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| Total Number of OFFICE REFERRALS  |
| **34** | All students |
| Total Number of OFFICE REFERRALS for students who identify as: |
|  | African American / Black  |
|  | White  |
|  | Hispanic / Latina/o  |
|  | Asian / Pacific Islander  |
|  | American Indian  |
|  | 2 or more Races |
|  | Unknown |
| Total Number of OFFICE REFERRALS for students with: |  |
|  | An IEP |
|  | A 504 Plan |

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| Total Number of OUT OF SCHOOL SUSPENSION ASSIGNMENTS |
|  | All students |
| Total Number of OUT OF SCHOOL SUSPENSION ASSIGNMENTS for students who identify as |
|  | African American / Black  |
|  | White  |
|  | Hispanic / Latina/o  |
|  | Asian / Pacific Islander  |
|  | American Indian  |
|  | 2 or more Races |
|  | Unknown |
| Total Number of OUT OF SCHOOL SUSPENSION ASSIGNMENTS for students with: |
|  | An IEP |
|  | A 504 Plan |

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| Total Number of IN SCHOOL SUSPENSION ASSIGNMENTS |
|  | All students |
| Total Number of IN SCHOOL SUSPENSION ASSIGNMENTS for students who identify as |
|  | African American / Black  |
|  | White  |
|  | Hispanic / Latina/o  |
|  | Asian / Pacific Islander  |
|  | American Indian  |
|  | 2 or more Races |
|  | Unknown |
| TOTAL NUMBER OF IN SCHOOL SUSPENSION ASSIGNMENTS for students with: |  |
|  | An IEP |
|  | A 504 Plan |

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| Total Number of REFERRALS BY GRADE |
|  | EDIT FOR YOUR GRADE |
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| Total Number of REFERRALS BY LOCATION |
|  | EDIT FOR YOUR LOCATION |
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| Total Number of OFFICE CONDUCT REFERRALS BY INFRACTION |
|  | EDIT FOR YOUR INFRACTIONS |
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| SUPPLEMENTAL DATA OPTIONS |
|  | EDIT FOR SUPPLEMENTAL DATA CATEGORIES (E.G., NURSE VISITS, COUNSELOR VISITS, ETC.) |