

ECTOR COUNTY INDEPENDENT SCHOOL DISTRICT  
ALTERNATIVE SUSPENSION FORM

MONTHLY REPORT

School \_\_\_\_\_ Report Period: \_\_\_\_\_

Person Submitting Report: \_\_\_\_\_

INDICATORS	PERIODIC PROGRESS REPORTING				
	Week 1	Week 2	Week 3	Week 4	TOTALS
1. Average Daily Population (Daily attendance ÷ no. of class days)					
2. Average length of stay expressed in classroom days					
3. Number of Students Referred					
a. Alcohol/Drug Abuse					
b. Attendance/Truancy					
c. Threats					
d. Forgery					
e. Abusive language					
f. Theft					
g. Verbal or violent insubordination					
h. Vandalism					
i. Violation of school policies (Specify: _____)					
4. Total number of students					
a. Suspended					
b. Expelled					
c. Truant					
5. Number of students unsuccessful					
a. Dropped out					
b. Suspended (Repeat)					
c. Expelled (Repeat)					
d. Referred to Alternative Education Center					
6. Number of students returned to ASR					
a. One additional time					
b. Two or more times					
7. Ethnic breakdown					
a. Mexican-American					
b. Black					
c. Anglo					
d. Other (Specify: _____)					
8. Sex Breakdown					
a. Female					
b. Male					
9. Number of students tested					
10. Number of students tested who needed help					
a. Counseling					
b. Tutoring					
c. Remedial classes					
11. Number of students who refused classroom assignments					