



summer_submission_create_discipline_reports

Table of Contents

summer_submission_create_discipline_reports	i
--	----------

Discipline > Reports > Create Discipline Reports

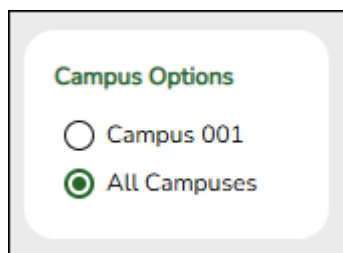
SafeSupportiveSchoolProgramTeamReview (E1734) indicates whether the Safe and Supportive School Program (SSSP) team conducted a threat assessment related to a reported disciplinary incident.

The Safe Supportive School Program (SSSP) team must report to TEA, through guidelines developed by TEA, the following information regarding the team's activities and other information for each LEA campus the team serves plus the outcomes of assessment made by the team, including:

- any disciplinary action taken, including a change in school placement
- changes in school placement, including placement in a JJAEP or DAEP
- placements in ISS or OSS and incidents of expulsion

Create a Discipline Report for SSSP Team review.

☐ Select **All Campuses**.

A dialog box titled "Campus Options" with a light gray background and rounded corners. It contains two radio button options: "Campus 001" with an unselected radio button, and "All Campuses" with a selected radio button (indicated by a green dot in the center).

☐ Select the following:

- In the Demographic Information group box, select **Campus ID** and **Student ID**.
- In the Incident Information group box select **SSSP Team Review**.

<input type="checkbox"/> Demographic Information					
<input type="checkbox"/> Sch Yr	<input checked="" type="checkbox"/> Campus ID	<input checked="" type="checkbox"/> Student ID	<input type="checkbox"/> Grade	<input type="checkbox"/> Entry Dt	
<input type="checkbox"/> Track	<input type="checkbox"/> Orig Entry	<input type="checkbox"/> Withdrawal Dt	<input type="checkbox"/> Last Name	<input type="checkbox"/> First Name	
<input type="checkbox"/> Middle Name	<input type="checkbox"/> Gen	<input type="checkbox"/> Nickname	<input type="checkbox"/> SSN Denied	<input type="checkbox"/> SSN	
<input type="checkbox"/> Masked SSN	<input type="checkbox"/> Elig	<input type="checkbox"/> Attribution	<input type="checkbox"/> Camp ID Resid	<input type="checkbox"/> Rep Excl	
<input type="checkbox"/> Active	<input type="checkbox"/> Record Status	<input type="checkbox"/> TX Unique Stu ID	<input type="checkbox"/> Sex	<input type="checkbox"/> DOB	
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Aggregate Race/Ethnicity	<input type="checkbox"/> Phone Nbr	<input type="checkbox"/> Cell Ph Nbr	<input type="checkbox"/> Eco Disadvan	
<input type="checkbox"/> Student Control Nbr	<input type="checkbox"/> Primary Disability	<input type="checkbox"/> LEP			
<input type="checkbox"/> Race					
<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Hawaiian/Pacific Isl					
<input type="checkbox"/> Contact					
<input type="checkbox"/> Priority	<input type="checkbox"/> First Name	<input type="checkbox"/> Middle Name	<input type="checkbox"/> Last Name	<input type="checkbox"/> Gen	<input type="checkbox"/> Relation
<input type="checkbox"/> E-mail	<input type="checkbox"/> Parent/Guardian	<input type="checkbox"/> Emergency	<input type="checkbox"/> Receive Mailouts	<input type="checkbox"/> Language	<input type="checkbox"/> Phone Preference
<input type="checkbox"/> Home Phone	<input type="checkbox"/> Business Phone	<input type="checkbox"/> Cell Phone	<input type="checkbox"/> Other Phone		
<input type="checkbox"/> Incident Information					
<input type="checkbox"/> Offense Dt	<input type="checkbox"/> Offense Yr	<input type="checkbox"/> Campus ID	<input type="checkbox"/> Offense Time	<input type="checkbox"/> Incident Nbr	
<input type="checkbox"/> Reporting Period	<input type="checkbox"/> Incident Location	<input type="checkbox"/> Witnessed	<input type="checkbox"/> Parent Contacted	<input type="checkbox"/> Contact Dt	
<input type="checkbox"/> Appeal Expected	<input type="checkbox"/> Conference Requested	<input type="checkbox"/> Conference Dt	<input type="checkbox"/> Informal Hearing	<input type="checkbox"/> Reported By	
<input type="checkbox"/> Rep By Name F	<input type="checkbox"/> Rep By Name L	<input type="checkbox"/> Administered By	<input type="checkbox"/> Administered By Name F	<input type="checkbox"/> Administered By Name L	
<input type="checkbox"/> Comments	<input type="checkbox"/> Bully Reason	<input checked="" type="checkbox"/> SSSP Team Review			

☐ Filter for SSSP Team Review = Y