

# Addressing the Root Causes of Disparities in School Discipline

An Educator's Action Planning Guide

RESOURCE 2

## Discipline Data Checklist

To determine discipline disparities, it is important to know what data you have and where to find them. The following table provides a list of student and incident data schools and districts can collect and analyze to determine if there are disparities in school discipline. As appropriate, some data points include additional categories as examples of the detailed data a school could collect. (For definitions of the data points, see the “Definitions” worksheet in the Tool.)

This checklist will help you identify what data are collected, how they are collected, who collects them, and where they are entered or stored, thereby allowing you to maintain that information in a single place. You also can use it to target additional data you would like to collect or plan process improvements to better assess disparities in school discipline.

### Student Data

Data Point/Information	Do You Have Access to These Data?	Able to Disaggregate?	How Are These Data Collected?	Who Collects These Data?	Where Are These Data Entered or Stored?	Notes
<b>Date of Birth</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Grade</b> PK-12	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Race/Ethnicity</b> American Indian or Alaska Native Asian Black or African American Hispanic/Latino Native Hawaiian or Other Pacific Islander Two or more races White	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Gender</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>English Learner/Limited English Proficient Status</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Migrant Status</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				

Data Point/Information	Do You Have Access to These Data?	Able to Disaggregate?	How Are These Data Collected?	Who Collects These Data?	Where Are These Data Entered or Stored?	Notes
<b>Disability Status</b> Autism spectrum disorder Deaf-blindness Emotional disturbance Hearing impairment Intellectual disability Orthopedic impairment Other health impairment Specific learning disability Speech or language Impairment Traumatic brain injury Visual impairment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Co-Occurring Disability Status</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Receiving Pupil Services (e.g., Social Worker)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Free or Reduced-Priced Lunch Eligibility Status</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Homeless Status</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Foster Care Status</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Congregate Care Status</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Juvenile Justice System Involvement</b> Arrest Court referral Diversion Delinquency finding Probation Waiver Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>LGBTQ (Self-Identified) Status</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				

Data Point/Information	Do You Have Access to These Data?	Able to Disaggregate?	How Are These Data Collected?	Who Collects These Data?	Where Are These Data Entered or Stored?	Notes
<b>Total Days Absent</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Number Unexcused Absences</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Number of Excused Absences</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Average Daily Attendance</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Absent &gt; 10% Status</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Absent &gt; 20% Status</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Total Days Tardy</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Number of Unexcused Tardies</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Number of Excused Tardies</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Tardy Rate</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Tardy &gt; 10% Status</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Tardy &gt; 20% Status</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Discharge Status</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Discharge Type</b> Incarcerated Juvenile Adult Jail Corrections Dropped out Expelled Nonvoluntary/court-ordered placement IEP placement Not discharged Aged out of compulsory public education Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				

Data Point/Information	Do You Have Access to These Data?	Able to Disaggregate?	How Are These Data Collected?	Who Collects These Data?	Where Are These Data Entered or Stored?	Notes
<b>Transfer Status</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Transfer Type</b> Involuntary Voluntary Not transferred	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Transfer Destination</b> Academic: Alternative school (in-district), GED program, homeschool, remedial program (e.g., credit recovery) Medical: Inpatient, outpatient Mental health: Inpatient, outpatient (e.g., day treatment facility) No formal placement Unknown Not transferred Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Re-Enrolled Postdischarge/Transfer Status</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				

## Incident Data

Questions to Investigate	Data Point/Information	Do You Have Access to These Data?	Able to Disaggregate?	How Are These Data Collected?	Who Collects These Data?	Where Are These Data Entered/Stored?	Notes
When and Where Did Infraction Take Place?	<b>Date</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	<b>Time</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	<b>Infraction Location</b> Academic resource room Athletic facility Auditorium Cafeteria Classroom Computer/media room Library Multipurpose room Off campus: Non-school-related School-related Office: Academic department Administrative/administrator Parking lot Playground Specialized studio/lab Staff meeting room Transportation Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				

Questions to Investigate	Data Point/Information	Do You Have Access to These Data?	Able to Disaggregate?	How Are These Data Collected?	Who Collects These Data?	Where Are These Data Entered/Stored?	Notes
<b>Who Reported the Infraction?</b>	<b>How the Infraction Was Discovered</b> Observation Report (hearsay) Student interrogation Student search Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	<b>Primary Informant Type</b> Parent/guardian/family Peer School staff: Administrator Cafeteria personnel Pupil service personnel Security or law enforcement Teacher Transportation Self-report Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	<b>Primary Individual Reporting the Infraction (by Name)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	<b>Secondary Individual Reporting the Infraction (by Name)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	<b>Tertiary Individual Reporting the Infraction (by Name)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>What Was the Reported Infraction?</b>	<b>Infraction<sup>1</sup></b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	<b>Infraction Description</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				

Questions to Investigate	Data Point/Information	Do You Have Access to These Data?	Able to Disaggregate?	How Are These Data Collected?	Who Collects These Data?	Where Are These Data Entered/Stored?	Notes
<b>Who Responded to the Incident?</b>	<b>Primary Respondent Type</b> Guidance counselor Law enforcement officer School administrator School psychologist School resource officer School security agent Student support team (e.g., PBIS) Teacher Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	<b>Primary Respondent (by Name)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	<b>Secondary Respondent Type (See Above)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	<b>Secondary Respondent (by Name)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	<b>Tertiary Respondent Type (See Above)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	<b>Tertiary Respondent (by Name)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				

<sup>1</sup> **Infractions** can include a range of problematic behavior: academic dishonesty/cheating; bullying: cyber, emotional, physical, verbal; disruption: assembly, classroom; dress code violation; extortion; false fire alarm; falsify the authority: parent/guardian, school official, other (e.g., medical professional); gang activity; harassment: gender, other, race/ethnicity, religious, sexual, sexual orientation; offensive language/conduct; physical violence: assault peer or teacher, dating abuse, group fight; possession/use: explosives (e.g., fireworks), firearm, controlled substance (alcohol, drugs, tobacco); possession/use: weapon(s); property: arson, theft, vandalize/damage; transportation rules/bus discipline; unauthorized use: equipment/furniture, mobile technology (e.g., cell phone), vehicle, other; unexcused: absence, out of bounds/off campus, out of class, tardy, other

Questions to Investigate	Data Point/Information	Do You Have Access to These Data?	Able to Disaggregate?	How Are These Data Collected?	Who Collects These Data?	Where Are These Data Entered/Stored?	Notes
Describe How and What Actions Were Taken to Resolve the Incident.	<b>Manifestation Determination Requirement Met</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	<b>Manifestation Determination Date</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	<b>Who or What Body Made the Final Decision (Resolution Type)</b> Disciplinary hearing panel District administrator Peer court/mediation: Judicial Peer court/mediation: School-based Restorative circle School administrator School staff (nonadministrator) Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	<b>Disciplinary Action Description</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				

Questions to Investigate	Data Point/Information	Do You Have Access to These Data?	Able to Disaggregate?	How Are These Data Collected?	Who Collects These Data?	Where Are These Data Entered/Stored?	Notes
<b>What Actions Were Taken in Response to the Infraction?</b>	<b>Punitive Actions</b> Corporal punishment Expulsion with educational services Expulsion without educational services In-school detention In-school suspension Out-of-school suspension Referral: Alternative placement Referral: Law enforcement Referral: Office School-based arrest Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	<b>Duration (Days) of In-School or Out-of-School Suspension</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	<b>Positive Interventions</b> Conference Counseling: Family Counseling: Student Crisis intervention Individualized intervention(s) Mentoring Peer mediation/peer court Referral to community-based service Restorative practice Wraparound services Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				

Questions to Investigate	Data Point/Information	Do You Have Access to These Data?	Able to Disaggregate?	How Are These Data Collected?	Who Collects These Data?	Where Are These Data Entered/Stored?	Notes
<b>If the Resolution Involved Recommending a Change of Placement for the Student, Where Was the Student Referred?</b>	<b>Change of Placement Type</b> Alternative school (in-district) Another school GED program Homeschool Medical Mental health (day treatment or residential) Awaiting placement: In school Awaiting placement: Out of school	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	<b>Change of Placement Site</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				