



STATEMENT OF CONFIRMATION

Process Standard 10 – Reporting of Out of School Suspensions (OSSs) to State

School: _____

Date: _____

School Section:

My signature below confirms that I understand the requirements for entering and reporting Out of School Suspensions as required by the district, state board policy and state statutes. My signature further confirms the following:

1. _____ A total of _____ OSSs were entered into SAM *Spectra* today.
2. _____ OSSs were not entered in SAM *Spectra* before the end of work day in order to be uploaded in MSIS for the following listed students:

Last Name	First Name	# of Days	Begin Date	End Date	Administrator

3. _____ There were no OSSs to be entered in SAM *Spectra* to be uploaded in MSIS and to be reported to the Mississippi Department of Education (MDE)

District Office Section:

My signature below confirms that as the Pupil Accounting Specialist/Data Management Specialist for this assigned school, I have verified the above information and can provide the appropriate documentation to substantiate this claim.

Print Name (Administrator)

Signature Date

Print Name (School Official)

Signature Date

Print Name (Attendance & Discipline Specialist)

Signature Date