DISCIPLINE REFERRAL

CLEAR FORM

Incident Reported by: _____ Date of Incident:_____Time _____am or pm

STUDENT: Grade: Home Room Teacher/Counselor:

LOCATION OF INCIDENT

☐ Bathroom/Restroom ☐ Classroom ☐ Hallway ☐ Office ☐ Special Event/Assembly/Field Trip
☐ Bus (on) ☐ Bus area ☐ Commons ☐ Library ☐ Parking Lot ☐ Stairs
☐ Cafeteria ☐ Gym ☐ Counseling Office ☐ Off Campus ☐ Playground ☐ Other

DESCRIPTION OF INCIDENT: WHAT HAPPENED? (Include quotes, facts & details; attach added information if necessary)

***Prior Teacher/Staff Interventions*:** ☐ Retaught Rule, ☐ Warnings, ☐ Teacher/Student Conference, ☐ Time Out, ☐ Parent/Guardian Contact, ☐ Detention, ☐ Loss of Privilege, ☐ Other

Contact Home
Contact Name/Relationship Phone Number Date

STOP – – – – – – – – – – – – **For Administrative Use Only** – – – – – **PRINT** – – STOP

INCIDENT TYPE

❑ Abusive/Profane Language	❑ Gambling	❑ Robbery
❑ Alcohol/Drug	❑ Gang Identifier	❑ Tardiness
❑ Arson or Attempted Arson	❑ Harassment: ❑ Bullying ❑ Sexual	❑ Theft: ❑ Minor ❑ Major
❑ Assault/Menacing	❑ Inappropriate Dress	❑ Threat of Violence
❑ Battery	❑ Inappropriate Use of Technology	❑ Tobacco, Use and/or Possession
❑ Bomb Threat	❑ Indecent Exposure/Gesture	❑ Trespassing
❑ Burglary	❑ Insubordination	❑ Truancy
❑ Class Cutting/Leaving w/o Permission	❑ Interference w/ School Personnel	❑ Vandalism: ❑ Minor ❑ Major
❑ Deliberate Misuse of Property	❑ Intimidation	❑ Weapon: ❑ Dangerous ❑ Deadly
❑ Display of Patently Offensive Material	❑ Loitering	❑ Firearm ❑ Simulated
❑ Disruptive Conduct	❑ Off Limits	❑ Possession ❑ Use
❑ Extortion	❑ Open Defiance	❑ Willful Disobedience
❑ False Fire Alarm	❑ Plagiarism/Cheating	❑ Other: ❑ Attendance & Punctuality
❑ Fighting	❑ Possession/Use of Stolen Property	❑ Learning Environment
❑ Firecrackers/explosives	❑ Possession of Prohibited Items	❑ Physical Safety/Mental Well Being
❑ Forgery	❑ Reckless Vehicle Use	❑ Protection of Property

(This space is to be used for administrator's additional notes, information.)

Note: the following portion is for recording the first day and the length (such as 2 days) of the disciplinary consequence(s)

ACTION	First Day/Length	ACTION	First Day/Length
Conference	_____	**Loss of Privilege:**	_____
Letter of Apology	_____	❑ Cafeteria, ❑ Computer, ❑ Gym, ❑ Library, ❑ Recess, ❑ Other	
Student Contract	_____	**Suspension:**	_____
Detention	_____	❑ Bus, ❑ In School, ❑ Out of School, ❑ Pending Expulsion	
Community Service	_____	**Other:**	_____
Notified Authorities	_____		

REFERRAL TO OTHER RESOURCES: Date:

PARENT/GUARDIAN CONTACT ❑ email, ❑ fax, ❑ home visit, ❑ letter, ❑ parent conference, ❑ telephone, ❑ voice message

Date: Contacted by: Conference/hearing date & time:

_____ _____
Principal/Designee Date Parent/Guardian Date

Principal/Designee distributes completed copies of the form: Parent/Guardian, Referrer, Student Behavioral File 67-9013 Revised 09/2008