



Student Support Services  
Discipline Referral form

Student Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Student #: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Primary Language at Home: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_

Parent/Guardian Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Referred by: \_\_\_\_\_ Location: \_\_\_\_\_

Time of Incident: \_\_\_\_\_ Date of Incident: \_\_\_\_\_

Reason:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Previous Teacher Action:

- Reprimand/Contract
- Teacher/Student Conference
- Team Conference
- Parent Contact

Student Behavior(s):

- Safety Violation
- Destruction of Property
- Fighting/Pushing/Tripping
- Excessive Mischief
- Smoking
- Eating/Drinking
- Rude/Discourteous
- Unacceptable Language

----- Do Not Write in the Space Below—Administrative or Data Base Use Only -----

**Incident Reporting**

Incident Number: \_\_\_\_\_ Incident Name: \_\_\_\_\_  
(optional)

Type of Incident: \_\_\_\_\_ Student #: \_\_\_\_\_

Month/Day/Year: \_\_\_\_\_ Incident School (site): \_\_\_\_\_

Law Enforcement:  Yes  No Level: \_\_\_\_\_ Action: \_\_\_\_\_ Days: \_\_\_\_\_

Action Taken:  
 \_\_\_\_\_  
 \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_