

**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: _____

<u>Previous Teacher Action:</u>	<u>Student Behavior(s):</u>
<input type="checkbox"/> Reprimand/Contract	<input type="checkbox"/> Safety Violation <input type="checkbox"/> Smoking
<input type="checkbox"/> Teacher/Student Conference	<input type="checkbox"/> Destruction of Property <input type="checkbox"/> Eating/Drinking
<input type="checkbox"/> Team Conference	<input type="checkbox"/> Fighting/Pushing/Tripping <input type="checkbox"/> Rude/Discourteous
<input type="checkbox"/> Parent Contact	<input type="checkbox"/> Excessive Mischief <input type="checkbox"/> 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: _____