STUDENT DISCIPLINE FORM

GREEN ( ) RED ( )          PHONE NUMBER __________________________

STUDENT’S NAME ____________________________

DATE OF INCIDENT ________________   TIME _______________

TEACHER _____________________   PARENT ____________________

ACTION BY TEACHER PRIOR TO REFERRAL
( ) Conference with student          ( ) Behavior Modification
( ) Phone call to parents           ( ) Other ________________
( ) Parent conference

REASON FOR REFERRAL          ACTION BY ADMINISTRATION
( ) Fighting (Minor/Major)          ( ) Parental Conference
( ) Possession of Weapon (toy/real) ( ) Student Conference
( ) Disrespectful, Disobedient, Defiant ( ) Detention
( ) Detention Too Many Times       ( ) Home or Bus Suspension
( ) Lying or Stealing              Suspension dates ______
( ) Disturbing Class/ Disruptive Conduct ( ) In-School Suspension
( ) Bus Problem                   TLC dates ____________
( ) Cafeteria Problem            ( ) Corporal Punishment
( ) Profanity                    ( ) Other ________________
( ) Violence/Threatening Violence
( ) Refusal To Do Class Work
( ) Other _______________________

EXPLAIN IN DETAIL THE INFRACTION:
1. ___________________________________________________________________
2. ___________________________________________________________________
3. ___________________________________________________________________

ADMINISTRATOR’S SIGNATURE

______________________________________________________________________