

DISCIPLINARY REFERRAL	Student Name	Class/Grade	Date
	Date of Incident	Time	
	Location	Referring Person	

REASON(S) FOR REFERRAL

- | | | |
|--|--|--|
| <input type="checkbox"/> A – Alcohol | <input type="checkbox"/> DR-Drugs (not alcohol) | <input type="checkbox"/> IN-Insubordination |
| <input type="checkbox"/> AS-Assault | <input type="checkbox"/> FI-Fighting | <input type="checkbox"/> LG-Leaving Building |
| <input type="checkbox"/> BU-Bus Incident | <input type="checkbox"/> PH-Harassment-physical | <input type="checkbox"/> PA-Physical Altercation |
| <input type="checkbox"/> Bullying/Teasing | <input type="checkbox"/> RH-Harassment-racial | <input type="checkbox"/> TH-Theft |
| <input type="checkbox"/> CE-Cheating | <input type="checkbox"/> SH-Harassment-sexual | <input type="checkbox"/> TI-Threat/Intimidation |
| <input type="checkbox"/> CO-Computer Violation | <input type="checkbox"/> VH-Harassment-verbal | <input type="checkbox"/> VA-Vandalism |
| <input type="checkbox"/> DB-Disruptive/Class | <input type="checkbox"/> LA-Inappropriate Language | <input type="checkbox"/> WE-Weapon |
| <input type="checkbox"/> DO-Disruptive/Other | | <input type="checkbox"/> Other _____ |

Comments:

ACTION PLAN/CONSEQUENCE

Principal's Signature

Student Signature (Optional)

- cc: Referral Person
 Director
 Assistant Director
 Counselor
 Sp Ed Case Manager
 Office