### STUDENT DISCIPLINE REFERRAL FORM

**Student Name:** __________________________  **Grade:** ____  **Period:** ____  **Time:** ____  **Date:** ________________

<table>
<thead>
<tr>
<th>Group A Offense</th>
<th>Group B Offense (Progressive)</th>
<th>Group C Offenses (Exceptional Misconduct)</th>
</tr>
</thead>
</table>
| ( ) Class Disruption  
( ) Food or Drink in Class  
( ) Inappropriate Dress  
( ) Late for Class  
( ) Littering  
( ) Not Prepared for Class  
( ) Other | ( ) Chronic Group A  
( ) Cheating or Plagiarism  
( ) Defacing School Property  
( ) Defiance or Non Compliance of School Authorities  
( ) Display of Affection  
( ) Forgery  
( ) Harassment, Bullying  
( ) Obscenity, Profanity, and Vulgarity  
( ) Skipping School  
( ) Other | ( ) Alcohol, Drugs, Tobacco  
( ) Assault or Physical Violence  
( ) Chronic Harassment  
( ) Sexual Harassment or Misconduct  
( ) Theft  
( ) Threats  
( ) Unlawful Acts  
( ) Vandalism  
( ) Weapons  
( ) Willful and/or open Defiance  
( ) Other |

**Details of incident:**
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

**ACTION TAKEN BY PERSON MAKING REFERRAL:**

- ( ) Discussed with student
- ( ) Counselor consultation
- ( ) Contacted parent/guardian (circle one):
  - Phone / Email / In Person / Other _____________________________
- ( ) Administration contact me (circle one):
  - Planning period / Between classes / After school / As soon as possible

**Referred by:** __________________________  **Student Acknowledgement:** __________________________

- ( ) To Inform Administration ONLY  
- ( ) Action Required / Requested

**ACTION TAKEN BY SCHOOL ADMINISTRATION:**

- ( ) Warning on this occasion. Repeated offenses will increase consequences.
- ( ) Student is assigned _____ hours After-School Detention  
  (Mon / Tues / Wed / Thur)
- ( ) Student is assigned _____ days(s) In-School Suspension to commence: _____________________________
- ( ) Student is referred to Counseling Center for Behavior Intervention
- ( ) Out-of-School Suspension / Expulsion: _____________________________
- ( ) Other: ______________________________________________________________________

**School Administrator:** __________________________  **Date:** ________________

**Parent/Guardian:** For In-School Suspensions, the Parent/Guardian may request a conference with the Principal within two days of receiving this notice. For Out-of-School suspension and expulsions the Parent/Guardian must meet with school officials prior to the student returning to school.

**NOTE:** ALL suspensions make students ineligible to participate in practices, games, or activities during the suspension period.

- ( ) Skyward data-entry