

FSS DISCIPLINE REFERRAL FORM 2021-2022
Major/ Minor Infractions

Student(s) _____ Referring Staff _____ Grade Level _____ Date _____ Time _____

Location

- | | | | |
|---|--|---|--------------------------------------|
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Science Lab | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Playground | <input type="checkbox"/> Bathroom/restroom | <input type="checkbox"/> Technology Lab | |
| <input type="checkbox"/> Office (s) | <input type="checkbox"/> Gym | <input type="checkbox"/> Bus | |
| <input type="checkbox"/> Hallway/ breezeway | <input type="checkbox"/> Library | <input type="checkbox"/> Special event/assembly/ field trip | |

Problem Behaviors (check the most intrusive)

INFRACTIONS

- | | | | |
|--|--|---------------------------------------|----------------------|
| <input type="checkbox"/> Abusive /Inappropriate lang. | <input type="checkbox"/> Inciting a riot | <input type="checkbox"/> Band items: | Explanation : |
| <input type="checkbox"/> Fighting/Physical aggression | <input type="checkbox"/> Property damage/vandalism | • Cell Phones | _____ |
| <input type="checkbox"/> Extortion | <input type="checkbox"/> Forgery/theft | • Electronic Devices | _____ |
| <input type="checkbox"/> Terroristic threats | <input type="checkbox"/> Starting a fire/false alarm | • Tobacco | _____ |
| <input type="checkbox"/> Physical assault on a teacher | <input type="checkbox"/> Walking out of class/Roaming | • Drugs/Alcohol | _____ |
| <input type="checkbox"/> Inappropriate sexual contact/harassment | <input type="checkbox"/> Harassment/intimidation/bullying | • Weapons | _____ |
| <input type="checkbox"/> indecent exposure | <input type="checkbox"/> Failure to return school property | <input type="checkbox"/> Bomb threats | _____ |
| | | <input type="checkbox"/> Other _____ | _____ |

Possible Motivation

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Obtain peer attention | <input type="checkbox"/> Avoid tasks/activities | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Obtain adult attention | <input type="checkbox"/> Avoid peer(s) | |
| <input type="checkbox"/> Obtain items/ activities | <input type="checkbox"/> Avoid adult(s) | |

Others Involved

- None Peers Staff Teacher Substitute Other _____

Action Taken

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Suspension # of Days _____ | <input type="checkbox"/> After School Detention | <input type="checkbox"/> Lunch Detention | <input type="checkbox"/> Guidance Referral |
| <input type="checkbox"/> In-House Suspension # of Days _____ | | <input type="checkbox"/> Parent contact | <input type="checkbox"/> Individualized instruction |
| <input type="checkbox"/> Conference with student | <input type="checkbox"/> Loss of privilege | <input type="checkbox"/> Other _____ | |

Comments/Follow Up:

Parent Signature: _____ Date: _____
 Principal's Signature: _____ Date: _____

FSS OFFICE DISCIPLINE REFERRAL FORM 2021-2022

Student(s) _____ Referring Staff _____ Grade Level ____ Date _____ Time ____

Location

- | | | | |
|--|--|---|--------------------------------------|
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Bus loading zone | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Playground | <input type="checkbox"/> Bathroom/restroom | <input type="checkbox"/> Parking lot | |
| <input type="checkbox"/> Commons/common area | <input type="checkbox"/> Gym | <input type="checkbox"/> Bus | |
| <input type="checkbox"/> Hallway/ breezeway | <input type="checkbox"/> Library | <input type="checkbox"/> Special event/assembly/ field trip | |

Problem Behaviors (check the most intrusive)

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> MINOR | <input type="checkbox"/> MAJOR | <input type="checkbox"/> Skip class/ truancy | <input type="checkbox"/> Vandalism |
| <input type="checkbox"/> Inappropriate lang. | <input type="checkbox"/> Abusive lang./inapprop. lang | <input type="checkbox"/> Forgery/ theft | <input type="checkbox"/> Property damage |
| <input type="checkbox"/> Physical contact | <input type="checkbox"/> Fighting/physical aggression | <input type="checkbox"/> Dress code violation | <input type="checkbox"/> Bomb threat |
| <input type="checkbox"/> Defiance/disrespect/ non-compliance | <input type="checkbox"/> Defiance/disrespect/ insubordination/non-compliant | <input type="checkbox"/> Lying/cheating | <input type="checkbox"/> Arson |
| <input type="checkbox"/> Disruption | <input type="checkbox"/> Harassment/bullying | <input type="checkbox"/> Tobacco | <input type="checkbox"/> Weapons |
| <input type="checkbox"/> Property misuse | <input type="checkbox"/> Disruption | <input type="checkbox"/> Alcohol/drugs | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Tardy | <input type="checkbox"/> Combustibles | |

Possible Motivation

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Obtain peer attention | <input type="checkbox"/> Avoid tasks/activities | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Obtain adult attention | <input type="checkbox"/> Avoid peer(s) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Obtain items/ activities | <input type="checkbox"/> Avoid adult(s) | |

Others Involved

- None Peers Staff Teacher Substitute Unknown Other _____

Administrative Decision

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Suspension # of Days _____ | <input type="checkbox"/> After School Detention | <input type="checkbox"/> Lunch Detention | <input type="checkbox"/> Guidance Referral |
| <input type="checkbox"/> In-House Suspension # of Days _____ | | <input type="checkbox"/> Parent contact | <input type="checkbox"/> Individualized instruction |
| <input type="checkbox"/> Conference with student | <input type="checkbox"/> Loss of privilege | <input type="checkbox"/> Other _____ | |

Comments:

Parent Signature: _____ Date: _____
Principal's Signature: _____ Date: _____