

# Expected Behavior in Safe/Supportive Schools: Discipline Referral Form Person Originating the Referral:

INCIDENT INFORMATION			
Date ___/___/___	Time ___:___ am/pm	Number(s) involved ___	Serious Bodily Injury: <input type="checkbox"/> Yes <input type="checkbox"/> No

Incident Category			
<input type="checkbox"/> Tardiness Or Truancy <input type="checkbox"/> Failure To Obey Rules/ Authority	<input type="checkbox"/> Disrespectful/ Inappropriate Conduct <input type="checkbox"/> Legal Concerns	<input type="checkbox"/> Aggressive Conduct <input type="checkbox"/> Illegal Drugs/ Substances	<input type="checkbox"/> Weapons

Location			
<input type="checkbox"/> Athletic Field <input type="checkbox"/> Auditorium <input type="checkbox"/> Bathroom/ Restroom <input type="checkbox"/> Bus Loading Zone <input type="checkbox"/> Bus Stop	<input type="checkbox"/> Bus <input type="checkbox"/> Cafeteria <input type="checkbox"/> Classroom <input type="checkbox"/> Computer Lab <input type="checkbox"/> Commons/ Common Areas	<input type="checkbox"/> Gym <input type="checkbox"/> Hall/ Breeze Way <input type="checkbox"/> Locker Room <input type="checkbox"/> Library <input type="checkbox"/> Office	<input type="checkbox"/> Playground <input type="checkbox"/> Parking Lot <input type="checkbox"/> Shop Area <input type="checkbox"/> Special Event/ Assembly/ Field Trip <input type="checkbox"/> Stairwell

**COMPLETE THE FOLLOWING INFORMATION FOR EACH PERSON INVOLVED IN THE INCIDENT**  
 Use separate sheets for each person. All sheets completed for a single incident should be stapled together.

**Person Number** \_\_\_ **Name:** \_\_\_\_\_ **Role**  Peer  Staff  Student  Substitute  Other

**Behaviors Exhibited**

**You may indicate up to THREE behaviors for each person involved as follows:**

P = Primary (Most Severe) Behavior	S = Secondary Behavior	A = Additional Behavior
___ Involved as non-offender or target	___ Leaving School Without Permission	___ Threat of Injury/Assault Against An Employee or A Student
___ Cheating	___ Physical Fight Without Injury	___ Trespassing
___ Deceit	___ Possession of Imitation Weapon	___ Harassment/Bullying/Intimidation
___ Disruptive/Disrespectful Conduct	___ Possession of Knife not meeting Virginia Code §61-7-2) <span style="float: right;">Level 2</span>	___ Imitation Drugs: Possession, Use, Distribution or Sale <span style="float: right;">Level 3</span>
___ Failure to Serve Detention	___ Profane Language/ Obscene Gesture/ Indecent Act Toward An Employee or A Student	___ Inhalant Abuse <span style="float: right;">Level 4</span>
___ Falsifying Identity	___ Technology Misuse	___ Possession/Use of Substance Containing Tobacco and/or Nicotine
___ Inappropriate Appearance	___ Battery Against a Student	___ Battery Against a School Employee
___ Inappropriate Display of Affection <span style="float: right;">Level 1</span>	___ Defacing School Property/ Vandalism	___ Felony
___ Inappropriate Language <span style="float: right;">Level 2</span>	___ False Fire Alarm	___ Possession and/or Use of Dangerous Weapon
___ Possession of Inappropriate Property	___ Fraud/Forgery	___ Illegal Substance Related Behaviors (Check which below):
___ Skipping Class	___ Gambling	___ Use/Possession of Illicit Drugs
___ Tardiness	___ Hazing	___ Use/Possession of Alcohol
___ Vehicle Parking Violation	___ Improper or Negligent Operation of a Motor Vehicle	___ Sale of a Narcotic
___ Gang Related Activity	___ Larceny	
___ Habitual Violation of School Rules or Policies	___ Sexual Misconduct	
___ Insubordination		

Was Restraint Required for this Person?  Yes  No

This offense reflects a need for intervention for which of the School and Community Social Skill Standards?  
 Self-awareness and Self-management  Social-awareness and Interpersonal Skills  Decision-making Skills and Responsible Behaviors

**DUE PROCESS:** Has student been informed of the charges against them?  YES  NO  
 Has student been given the opportunity to tell their side?  YES  NO

Student's Statement: \_\_\_\_\_ Student Signature: \_\_\_\_\_

Disabled Students Only: Principal will schedule meeting with school committee. Special Education Teacher Signature (if applicable) \_\_\_\_\_

**Interventions**

**You may indicate up to TWO Interventions each person as follows: P = Primary Action S = Secondary Action**

___ No action warranted ___ Administrator/student conference or reprimand ___ Teacher/student conference or reprimand ___ Administrator and teacher-parent/guardian conference ___ Teacher parent contact ___ Academic sanctions	___ Referral to medical or mental health service ___ Referral to counseling/ support staff/ other therapeutic services / agencies ___ Referral to a tobacco cessation program ___ Change in the student's class schedule ___ School service assignment ___ Confiscation of inappropriate item ___ Revocation of privileges ___ Restitution/restoration	___ Immediate exclusion from the classroom ___ Voluntary weekend detention ___ In-school suspension ___ Law enforcement notification ___ Placement of student w/disability to Interim Alt. Ed. by school personnel ___ Placement of student w/ disability to Interim Alt. Ed. by WVDE Hearing
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- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Daily/weekly progress reports | <input type="checkbox"/> Detention - lunch   | <input type="checkbox"/> Officer                                  |
| <input type="checkbox"/> Behavioral contracts          | <input type="checkbox"/> Detention - before school / after school                  | <input type="checkbox"/> Placement of student to Alt. Ed. Setting |
| <input type="checkbox"/> Referral to IEP Team          | <input type="checkbox"/> Denial of participation in class and/or school activities | <input type="checkbox"/> Out-of-school suspension                 |
|  |  | <input type="checkbox"/> Recommended Expulsion                    |

<b>Primary:</b> Start Date: ___/___/___	End Date: ___/___/___	<b>Secondary:</b> Start Date: ___/___/___	End Date: ___/___/___
Duration: _____ Days		Duration: _____ Days	

**Comments:** \_\_\_\_\_

**Administrator Signature:** \_\_\_\_\_ **Copy to Parent**  **Mailed**  **Sent by Student**