

Date:

STUDENT INCIDENT REFERRAL FORM

PUPIL ID	NAME (LAST, FIRST, MI)	SCHOOL/GRADE	HOMEROOM																																																								
INCIDENT DATE(S)		INCIDENT LOCATION	INCIDENT TIME/PERIOD																																																								
REFERRED TO: <input type="checkbox"/> Guidance Office <input type="checkbox"/> SRO <input type="checkbox"/> Asst. Principal <input type="checkbox"/> Principal <input type="checkbox"/> Other: _____		REPORTED BY (LAST, FIRST, MI)																																																									
		REPORTING PARTY'S CLASSIFICATION <input type="checkbox"/> Teacher <input type="checkbox"/> Staff <input type="checkbox"/> Bus Driver <input type="checkbox"/> Substitute Teacher <input type="checkbox"/> Parent <input type="checkbox"/> Student <input type="checkbox"/> Asst. Principal <input type="checkbox"/> District Administrator <input type="checkbox"/> Coach <input type="checkbox"/> Principal <input type="checkbox"/> SRO <input type="checkbox"/> Other: _____																																																									
INCIDENT DESCRIPTION (INCLUDING NAMES OF OTHER INDIVIDUALS INVOLVED) 																																																											
INTERVENTION STRATEGIES PRIOR TO REFERRAL <input type="checkbox"/> Changed Student's Seat <input type="checkbox"/> Parent Conference (Date: _____) <input type="checkbox"/> Referred to Administrator <input type="checkbox"/> Conference with Student <input type="checkbox"/> Peer Mediation <input type="checkbox"/> Referred to SRO <input type="checkbox"/> Sent Report Home (Date: _____) <input type="checkbox"/> Detention (Date: _____) <input type="checkbox"/> Other _____ <input type="checkbox"/> Parent Phone Call (Date: _____) <input type="checkbox"/> Referred to Guidance Counselor _____																																																											
RECOMMENDATION OF REPORTING PARTY (OPTIONAL): 																																																											
SIGNATURE OF REPORTING PARTY			DATE:																																																								
OFFICE USE ONLY																																																											
INCIDENT TYPE (CHECK ALL THAT APPLY) <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Alcohol</td> <td><input type="checkbox"/> Falsification of Record</td> <td><input type="checkbox"/> Parking Violation</td> <td><input type="checkbox"/> Weapons Possession: Handgun</td> </tr> <tr> <td><input type="checkbox"/> Arson</td> <td><input type="checkbox"/> Fighting</td> <td><input type="checkbox"/> Profanity</td> <td><input type="checkbox"/> Weapons Possession: Rifle or Shotgun</td> </tr> <tr> <td><input type="checkbox"/> Battery</td> <td><input type="checkbox"/> Gang Activity</td> <td><input type="checkbox"/> Robbery</td> <td><input type="checkbox"/> Weapons Possession: Other Firearm</td> </tr> <tr> <td><input type="checkbox"/> Bomb Threat</td> <td><input type="checkbox"/> Hate Crime</td> <td><input type="checkbox"/> Sexual Battery</td> <td><input type="checkbox"/> Weapons Possession: Knife</td> </tr> <tr> <td><input type="checkbox"/> Breaking/Entering</td> <td><input type="checkbox"/> Homicide</td> <td><input type="checkbox"/> Sexual Harassment</td> <td><input type="checkbox"/> Weapons Possession: Other _____</td> </tr> <tr> <td><input type="checkbox"/> Bullying</td> <td><input type="checkbox"/> Inappropriate Behavior</td> <td><input type="checkbox"/> Sexual Offense</td> <td><input type="checkbox"/> Bus: Describe: _____</td> </tr> <tr> <td><input type="checkbox"/> Cutting Class</td> <td><input type="checkbox"/> Kidnapping</td> <td><input type="checkbox"/> Smoking/Tobacco</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Cutting School/Truancy</td> <td><input type="checkbox"/> Left Campus without Permission</td> <td><input type="checkbox"/> Tardiness</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Disobedience/Insubordination</td> <td><input type="checkbox"/> Left Class without Permission</td> <td><input type="checkbox"/> Theft</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Disorderly Conduct</td> <td><input type="checkbox"/> Motor Vehicle Theft</td> <td><input type="checkbox"/> Threats</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Disrespectful</td> <td><input type="checkbox"/> Narcotics</td> <td><input type="checkbox"/> Trespassing</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Disruptive</td> <td><input type="checkbox"/> Non-compliance with Assigned Discipline</td> <td><input type="checkbox"/> Vandalism</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td><input type="checkbox"/> Dress Code</td> <td><input type="checkbox"/> Non-controlled Substance</td> <td><input type="checkbox"/> Weapons Possession: Device or Explosives</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td><input type="checkbox"/> Electronic Communication Device</td> <td></td> <td></td> <td><input type="checkbox"/> Other _____</td> </tr> </table>				<input type="checkbox"/> Alcohol	<input type="checkbox"/> Falsification of Record	<input type="checkbox"/> 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DISCIPLINARY ACTION/REFERRAL ACTION/DISPOSITION/COMMENTS/FOLLOW-UP 																																																											
IF SUSPENDED	IN OR OUT OF SCHOOL?	FIRST DAY	LENGTH	LAST DAY																																																							
ACTION ASSIGNED BY		SIGNATURE OF REPORTING PARTY		DATE:																																																							
PARENT SIGNATURE	DATE:	STUDENT SIGNATURE	DATE:																																																								