

Reporte de Referencia de Disciplina Estudiantil

Archivo Adjunto 4

SAN PASQUAL UNION SCHOOL
Student Discipline Referral Report

REFERRED TO (CHECK ONE):

- Office
Detention

Student Name: _____ Grade: _____

Referring Teacher/Staff: _____ Homeroom Teacher: _____

INFRACTION Date: _____ Time: _____ Location: _____

TEACHER INTERVENTION(S)

- Verbal warning
Change of space or task
Student conference
Parent/Guardian contacted
Behavior plan/contract
Counseling referral
Prior referral(s) to office/detention
SST referral
Other (specify below)

PROBLEM BEHAVIOR(S)

- Bullying/Harassment
Disrespect/Defiance
Disruption/Excessive Talking
Dress Code
Inappropriate language
Physical altercation
Tardy/Truant
Theft
Vandalism/Property Damage
Other (specify below)

SPECIFIC INFORMATION REGARDING INCIDENT (attach additional documentation, if needed)

ADMINISTRATIVE RESPONSE (to be completed by administrator)

- Student Conference
Parent/Guardian contacted
Behavior plan/contract
Counseling referral
Detention/ Campus Beautification
Time in Office
In-School Suspension
Out of School Suspension
Other (specify below)

SIGNATURES - ATTENTION PARENTS AND GUARDIANS: Please sign, date, & return to school office.

Referred by _____ Date _____
Administrator _____ Date _____
Parent/Guardian _____ Date _____

White-Office Canary-Parent/Guardian Pink-Teacher