

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)

- | | |
|--|--|
| <input type="checkbox"/> Verbal warning | <input type="checkbox"/> Counseling referral |
| <input type="checkbox"/> Change of space or task | <input type="checkbox"/> Prior referral(s) to office/detention |
| <input type="checkbox"/> Student conference | <input type="checkbox"/> SST referral |
| <input type="checkbox"/> Parent/Guardian contacted
Date(s): _____ | <input type="checkbox"/> Other (specify below) |
| <input type="checkbox"/> Behavior plan/contract | |

PROBLEM BEHAVIOR(S)

- | | |
|---|--|
| <input type="checkbox"/> Bullying/Harassment | <input type="checkbox"/> Physical altercation |
| <input type="checkbox"/> Disrespect/Defiance | <input type="checkbox"/> Tardy/Truant |
| <input type="checkbox"/> Disruption/Excessive Talking | <input type="checkbox"/> Theft |
| <input type="checkbox"/> Dress Code | <input type="checkbox"/> Vandalism/Property Damage |
| <input type="checkbox"/> Inappropriate language | <input type="checkbox"/> Other (specify below) |

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

ADMINISTRATIVE RESPONSE *(to be completed by administrator)*

- | | |
|---|---|
| <input type="checkbox"/> Student Conference | <input type="checkbox"/> Time in Office (_____) |
| <input type="checkbox"/> Parent/Guardian contacted
Date(s): _____ | <input type="checkbox"/> In-School Suspension (# of days _____) |
| <input type="checkbox"/> Behavior plan/contract | <input type="checkbox"/> Out of School Suspension (# of days _____) |
| <input type="checkbox"/> Counseling referral | <input type="checkbox"/> Other (specify below) |
| <input type="checkbox"/> Detention/ Campus Beautification
of days _____
Served on _____
Verification _____ | |

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