

Referral \_\_\_\_ 1 \_\_\_\_ 2 \_\_\_\_ 3

**DISCIPLINARY REFERRAL**

Name of Student: \_\_\_\_\_ Telephone: \_\_\_\_\_ Race: \_\_\_\_ Sex: \_\_\_\_

Parent: \_\_\_\_\_ Address: \_\_\_\_\_

School: \_\_\_\_\_ Homeroom: \_\_\_\_\_ Grade: \_\_\_\_

Nature of Problem: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Referring Teacher's Signature: \_\_\_\_\_

**ACTION TAKEN BY TEACHER BEFORE REFERRAL (Check Below)**

____ Conference with student	Other _____
____ Phone call to parents	_____
____ Conference with parents	_____
____ Conference with Pupil Services	_____

**TO BE COMPLETED BY STUDENT**

Have you been given the opportunity to tell your version? \_\_\_\_ Yes \_\_\_\_ No

Comments: \_\_\_\_\_  
Student's Signature \_\_\_\_\_  
Date \_\_\_\_\_

**ACTION TAKEN BY ADMINISTRATOR**

____ Conference with student	____ Corporal Punishment
____ Referred to Pupil Services	____ Administration Probation
____ Conference with parent	____ Referral to Superintendent
____ Suspension (____ Days)	
____ Referred to Alternative Education (____ Days)	

Administered by \_\_\_\_\_ Witnessed by \_\_\_\_\_

Other action taken: \_\_\_\_\_  
Administrator's Signature \_\_\_\_\_  
Date \_\_\_\_\_