

# Student Discipline Referral

DIRECTIONS: Write in the appropriate code number or letter in the corresponding boxes.

Student Name (First, Middle Initial, Last)		Student Number	Grade	ESE/504 <input type="checkbox"/> Yes <input type="checkbox"/> No	Date	Time (am/pm)															
Location BK - Bookstore BS - Bus Stop BU - School Bus/Transportation CA - Cafeteria CL - Clinic CS - Regular Classroom GR - School Grounds GY - Gymnasium HA - Hallway IS - Alternative to Suspension Room LA - Laboratory LI - Library/Media Center OF - Office OG - Off School Grounds OT - Other PG - Playground/Track PK - Parking Lot RE - Rest room RT - Returning Home TO - Field Trip/Activity Off Campus TR - To School	Report By	School			Bus Code																
	3-Digit Staff I.D.	Conference With: Corrective Strategies/Interventions Prior to Referral (include date) <table style="width:100%; border:none;"> <tr> <td><input type="checkbox"/> Student _____</td> <td><input type="checkbox"/> Detention _____</td> <td><input type="checkbox"/> Loss of Incentives _____</td> </tr> <tr> <td><input type="checkbox"/> Parent/Guardian _____</td> <td><input type="checkbox"/> Assigned Mentor _____</td> <td><input type="checkbox"/> SBT Referral _____</td> </tr> <tr> <td><input type="checkbox"/> Counselor _____</td> <td><input type="checkbox"/> Reflective Assignment _____</td> <td><input type="checkbox"/> Mediation _____</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td><input type="checkbox"/> Reteach/Model Expectations _____</td> <td><input type="checkbox"/> Student Contract _____</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> BIP _____</td> </tr> </table>					<input type="checkbox"/> Student _____	<input type="checkbox"/> Detention _____	<input type="checkbox"/> Loss of Incentives _____	<input type="checkbox"/> Parent/Guardian _____	<input type="checkbox"/> Assigned Mentor _____	<input type="checkbox"/> SBT Referral _____	<input type="checkbox"/> Counselor _____	<input type="checkbox"/> Reflective Assignment _____	<input type="checkbox"/> Mediation _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Reteach/Model Expectations _____	<input type="checkbox"/> Student Contract _____			<input type="checkbox"/> BIP _____
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Reported By (Code) (Use number below for those persons w/o a staff ID.) 975 - Paraprofessional 976 - Bus Driver 977 - Clerical 978 - Crossing Guard 979 - Custodian 980 - Food Service Staff 981 - Law Enforcement Officer 982 - Parent/Guardian 983 - Student 984 - Substitute Teacher 985 - School Volunteer 999 - Other	Description of Event (be specific)																				

**ADMINISTRATIVE USE ONLY BELOW THIS LINE**

District Number <b>DISTRICT 50</b> If not 50, provide District No.	When Event Occurred (check one) <input type="checkbox"/> 1 - DURING SCHOOL HOURS <input type="checkbox"/> 2 - Outside school hours, school sponsored activity <input type="checkbox"/> 3 - Outside school hours, non-school sponsored activity <input type="checkbox"/> 4 - Unrelated event or unknown	Where Event Occurred (check one) <input type="checkbox"/> 1 - SCHOOL GROUNDS/ ON CAMPUS <input type="checkbox"/> 2 - Sponsored activity/off campus <input type="checkbox"/> 3 - School sponsored transportation (includes bus stops)	<input type="checkbox"/> Bullying <input type="checkbox"/> Harassment Based On: R <input type="checkbox"/> S <input type="checkbox"/> D <input type="checkbox"/> SO <input type="checkbox"/> RE <input type="checkbox"/>	Related Issues (check all that apply) <input type="checkbox"/> G - Gang related <input type="checkbox"/> W - Weapon related <input type="checkbox"/> A - Alcohol related <input type="checkbox"/> H - Hate related <input type="checkbox"/> O - Drug related	
School No. <b>HOME SCH.</b> If not home school provide School No.	Administrator's Name ( Must be SE SIR Trained)			Incident ID Number	Date
If Weapon Used What Kind? K -Knife H - Handgun F -Firearm/ Explosive Device R - Rifle/Shotgun O - Other Weapon U - Unknown	Action Codes (see code sheets) <b>ALL</b>	Incident Codes (see code sheets) <b>ALL</b>	Comments		
Duration How many days? _____ Begin Date _____ Return Date _____	Case Number/Agency	<input type="checkbox"/> A - Arrest <input type="checkbox"/> L - No Law Enforcement action <input type="checkbox"/> I - Involuntary Transfer <input type="checkbox"/> M - Other Law Enforcement action <input type="checkbox"/> N - Not Reported to Law	CRT/PCM Team Intervention <input type="checkbox"/> Yes <input type="checkbox"/> No SE SIR Incident <input type="checkbox"/>		
All Level 3 and 4 incidents Law Enforcement Notified <input type="checkbox"/>					