

High School/Middle School Discipline Report Form

Name:	Grade:	Referring Person:	Date:	Time:
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Location <input type="checkbox"/> classroom <input type="checkbox"/> playground <input type="checkbox"/> hallway Circle: N, S, E, W <input type="checkbox"/> lunchroom <input type="checkbox"/> bathroom <input type="checkbox"/> gym <input type="checkbox"/> library <input type="checkbox"/> bus loading zone <input type="checkbox"/> parking lot <input type="checkbox"/> bus/van <input type="checkbox"/> special event/assembly/field trip <input type="checkbox"/> office <input type="checkbox"/> locker room <input type="checkbox"/> other location <input type="checkbox"/> unknown location Laptop/computer/cell phone	Problem Behavior:Major-May prioritize up tp 3 (Referred to Administration) <input type="checkbox"/> Abusive language/inappropriate/Profanity <input type="checkbox"/> Arson <input type="checkbox"/> Bomb threat/False Alarm <input type="checkbox"/> Bullying <input type="checkbox"/> Defiance//Insubordination/Non-compliance <input type="checkbox"/> Disrespect <input type="checkbox"/> Disruption <input type="checkbox"/> Dress Code Violation <input type="checkbox"/> Fighting <input type="checkbox"/> Forgery/Theft/Plagiarism <input type="checkbox"/> Gang Affiliation Display <input type="checkbox"/> Harassment (Check Type) Gender___ Ethnicity___ Sexual___ Race ___ Religion___ Disability___ Physical Characteristics ___ Other___ <input type="checkbox"/> Inappropriate Display of Affection <input type="checkbox"/> Inappropriate Location/Out of Bounds Area <input type="checkbox"/> Lying/Cheating <input type="checkbox"/> Other Behavior ___Physical Aggression <input type="checkbox"/> Property Damage /Vandalism <input type="checkbox"/> Skip Class <input type="checkbox"/> Tardy <input type="checkbox"/> Truancy <input type="checkbox"/> Technology Violation <input type="checkbox"/> Use/Possession of Alcohol <input type="checkbox"/> Use/Possession of Combustibles <input type="checkbox"/> Use/Possession of Drugs <input type="checkbox"/> Use/Possession of Tobacco <input type="checkbox"/> Use of Weapons Type: Handgun___ Rifle/Shotgun___ Other Firearm___ Seclusion or Restraint? Yes___ No___	Problem Behavior-MINOR (May prioritize up to 3) (Staff Managed) <input type="checkbox"/> Minor: Inappropriate Language <input type="checkbox"/> Minor: Physical Contact___ <input type="checkbox"/> Minor: Defiance/Disrespect/Noncompliance <input type="checkbox"/> Minor: Disruption <input type="checkbox"/> Minor: Property Misuse <input type="checkbox"/> Minor: Dress Code Violation <input type="checkbox"/> Minor: Technology Violation <input type="checkbox"/> Minor: Tardy <input type="checkbox"/> Minor: Other <input type="checkbox"/> Minor: Unknown Notes:
Possible Motivation <input type="checkbox"/> obtain peer attention <input type="checkbox"/> obtain adult attention <input type="checkbox"/> obtain items/activities <input type="checkbox"/> avoid tasks/activities <input type="checkbox"/> avoid peers <input type="checkbox"/> avoid adults <input type="checkbox"/> other motivation Explain: <input type="checkbox"/> unknown motivation		
Others Involved <input type="checkbox"/> None <input type="checkbox"/> Peers <input type="checkbox"/> Staff/Teacher: <input type="checkbox"/> Substitute: <input type="checkbox"/> Unknown: <input type="checkbox"/> Others:		

Action Taken-May choose up to 3-Prioritize

Staff Managed-MINOR	Administration Managed-MAJOR
<input type="checkbox"/> Action Pending/Monitor <input type="checkbox"/> Additional Attendance/Sat. School <input type="checkbox"/> Alternative Placement <input type="checkbox"/> Parent contact by phone___ Email___ by letter ___ In person___ Unable to ___ <input type="checkbox"/> Bus Suspension <input type="checkbox"/> Community Service <input type="checkbox"/> Conference with Student <input type="checkbox"/> Individualized Instruction <input type="checkbox"/> Loss of Privileges <input type="checkbox"/> Other Action Taken <input type="checkbox"/> Restitution/Community Service <input type="checkbox"/> Time Out/Detention <input type="checkbox"/> Time in Office	<input type="checkbox"/> Action Pending <input type="checkbox"/> Additional Attendance/Sat. School <input type="checkbox"/> Alternative Placement <input type="checkbox"/> Parent contact by phone___ ___by letter ___in person <input type="checkbox"/> Bus Suspension <input type="checkbox"/> Community Service <input type="checkbox"/> Conference with Student <input type="checkbox"/> Expulsion <input type="checkbox"/> In-School Suspension <input type="checkbox"/> Individualized Instruction <input type="checkbox"/> Loss of Privileges <input type="checkbox"/> Other Action Taken <input type="checkbox"/> Restitution/Community Service <input type="checkbox"/> Time Out/Detention <input type="checkbox"/> Time in Office

Please go through the followup agreement form with student on back

Follow up Agreement

Name: _____

Date: _____

1. What rule(s) did you break? (circle)

Be Safe

Be Respectful

Be Responsible

2. What did you want?

I wanted attention from others.

I wanted to challenge adult(s).

I wanted to be sent home.

I wanted to cause others problems because they don't like me.

I wanted to be in control of the situation.

I wanted to avoid doing my work.

I wanted revenge.

I wanted _____.

3. Did you get what you wanted? yes no

4. What will you do differently next time?

5. I will be _____

by _____

6. Student signature: _____

7. Adult signature(s): _____

COMMENTS:

FOLLOW UP COMMENTS: