

RULH HIGH SCHOOL

Discipline Referral

Student Name: _____ Date: ____/____/____

Grade: ____ 9 ____ 10 ____ 11 ____ 12 Time _____ am pm

Staff Name _____

LOCATION

<input type="checkbox"/> Classroom	<input type="checkbox"/> Hallway	<input type="checkbox"/> Cafeteria
<input type="checkbox"/> Restroom	<input type="checkbox"/> Gym	<input type="checkbox"/> Library
<input type="checkbox"/> Bus Loading Zone	<input type="checkbox"/> Parking Lot	<input type="checkbox"/> Bus
<input type="checkbox"/> Special Event/Assembly/Field Trip	<input type="checkbox"/> Other	<input type="checkbox"/> Office

PROBLEM BEHAVIOR (Must Check only ONE)

<p><input type="checkbox"/> MINOR Behaviors—must have teacher interventions shown below</p> <p><input type="checkbox"/> Physical Contact</p> <p><input type="checkbox"/> Defiance/Disrespect</p> <p><input type="checkbox"/> Disruption</p> <p><input type="checkbox"/> Property Misuse</p> <p><input type="checkbox"/> Inappropriate Verbal Language</p> <p><input type="checkbox"/> Other (Specify _____)</p> <p><input type="checkbox"/> MAJOR BEHAVIORS TO BE SENT TO OFFICE</p> <p><input type="checkbox"/> Use/Possession of Weapons (OFFICE)</p> <p><input type="checkbox"/> Use/Possession of Tobacco (OFFICE)</p> <p><input type="checkbox"/> Use/Possession of Alcohol (OFFICE)</p> <p><input type="checkbox"/> Use/Possession of Combustible Items (OFFICE)</p> <p><input type="checkbox"/> Use/Possession of Drugs (OFFICE)</p> <p><input type="checkbox"/> Bomb Threat/False Alarm (OFFICE)</p> <p><input type="checkbox"/> OTHER Dangerous Behavior to self or Others (Includes fighting) (OFFICE)</p>	<p><input type="checkbox"/> MAJOR BEHAVIORS---must have teacher interventions shown below.</p> <p><input type="checkbox"/> Abusive Language</p> <p><input type="checkbox"/> Physical/Verbal Aggression</p> <p><input type="checkbox"/> Disrespect/Insubordination</p> <p><input type="checkbox"/> Lying/Cheating</p> <p><input type="checkbox"/> Harassment/Bullying</p> <p><input type="checkbox"/> Disruption</p> <p><input type="checkbox"/> Tardy</p> <p><input type="checkbox"/> Skip Class/Truancy</p> <p><input type="checkbox"/> Property Damage</p> <p><input type="checkbox"/> Forgery/Theft</p> <p><input type="checkbox"/> Dress Code Violation</p> <p><input type="checkbox"/> Vandalism</p> <p><input type="checkbox"/> Arson</p>
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TEACHER INTERVENTION-must turn in paperwork for documentation and show progressive discipline action has been taken.

- STEP ONE Meet with student one-on-one
- STEP TWO Speak to parent/guardian on telephone
- STEP THREE Meet with student and Parent face-to-face
- STEP FOUR Refer to office

REFERRAL TO OFFICE-Action taken

- Meet with Student
- Telephone Parent
- Had Conference with Parent
- Assign Noon Detention
- Assign After School Detention
- Suspend Privileges (computer or library)
- ISS Date _____ Days _____
- OSS Date _____ Days _____

Write a description of Behavior being reported to office. Be as specific as possible. Use back if necessary.
