



PRIMERO RE-2 SCHOOL DISTRICT

STUDENT DISCIPLINE REFERRAL

GENERAL INFORMATION											
Last Name:			First:			Grade:		Time of Incident:			
Date of Incident:					Date of Referral:						
Report Prepared by:				Title of Reporter:			Location of Infraction:				
REASON FOR REFERRAL (CHECK ALL THAT APPLY)											
Minor Offences					Major Offenses						
<input type="checkbox"/>	Inappropriate Language				<input type="checkbox"/>	Abusive language			<input type="checkbox"/>	Property damage	
<input type="checkbox"/>	Physical Contact				<input type="checkbox"/>	Fighting/physical aggression			<input type="checkbox"/>	Bomb threat	
<input type="checkbox"/>	Defiance/disrespect/non-compliance				<input type="checkbox"/>	Harassment/teasing/taunting/bullying			<input type="checkbox"/>	Arson	
<input type="checkbox"/>	Lying/cheating/plagiarism				<input type="checkbox"/>	Skipping class/truancy			<input type="checkbox"/>	Alcohol	
<input type="checkbox"/>	Disruptive conduct				<input type="checkbox"/>	Forgery			<input type="checkbox"/>	Drugs	
<input type="checkbox"/>	Dress code violation				<input type="checkbox"/>	Tobacco			<input type="checkbox"/>	Assault	
<input type="checkbox"/>	Inappropriate display of affection				<input type="checkbox"/>	Combustibles/fireworks			<input type="checkbox"/>	Extortion	
<input type="checkbox"/>	Careless driving/parking				<input type="checkbox"/>	Vandalism			<input type="checkbox"/>	Technology violation	
<input type="checkbox"/>	Misuse of property				<input type="checkbox"/>	Blatant disrespect			<input type="checkbox"/>	Immoral conduct	
<input type="checkbox"/>	Tardiness				<input type="checkbox"/>	Gang activity			<input type="checkbox"/>	Theft	
<input type="checkbox"/>	Loitering on school property/in vehicle				<input type="checkbox"/>	Reckless driving			<input type="checkbox"/>	Other Infraction: (explain	
<input type="checkbox"/>					<input type="checkbox"/>	Sexual harassment			<input type="checkbox"/>	Safety Concern	
Description of Infraction/Safety Concern:											
PRIOR ACTION(S) TAKEN BY TEACHER											
<i>** NOTE: PARENT MUST BE CONTACTED IN REGARD TO THIS INCIDENT BEFORE REFERRAL WILL BE PROCESSED.</i>											
<input type="checkbox"/>	Previous Parental Notification(s) by Phone	Date/Time	Date/Time	Date/Time	<input type="checkbox"/>	Parental Notification on this Incident	Date/Time	Phone #	Name of Parent Contacted		
<input type="checkbox"/>	Verbal Warning: Date(s)		<input type="checkbox"/> Conference with Student: Date(s): _____								
<input type="checkbox"/>	Conference with Parents: Date(s)										
<input type="checkbox"/>	Other Action(s):										
ADMINISTRATIVE ACTION											
<input type="checkbox"/>	Conference with student			<input type="checkbox"/> Time out in office							
<input type="checkbox"/>	Loss of privileges			<input type="checkbox"/> Placed on behavior/attendance contract							
<input type="checkbox"/>	Parent Notification Method		<input type="checkbox"/> Phone Phone #: _____ Date: _____ Time: _____ Contact: _____				<input type="checkbox"/> Copy of Referral		<input type="checkbox"/> Letter	<input type="checkbox"/> 1 st Class <input type="checkbox"/> Certified	
<input type="checkbox"/>	Out-of-School Suspension (OSS)			No. of Days: _____			Inclusive Dates: _____				
<input type="checkbox"/>	Guidance Counselor Referral (GCR)			Name of Counselor: _____							
<input type="checkbox"/>	Recommendation for expulsion to superintendent and Board of Education						<input type="checkbox"/> Other:				
STUDENT SIGNATURE: _____					DATE: _____						
ADMINISTRATOR SIGNATURE: _____					DATE: _____						

Please make three copies: 1-Student file 2-Parent copy 3-Teacher copy