

River Trail Discipline Referral Form

Name: _____ **Teacher:** _____ **Grade:** _____

Date: _____ **Time:** _____ **Referring Staff:** _____

Location: _____

Others involved in incident: None Peers Staff Teacher Substitute Unknown Other

Summary of Situation and/or additional comments:	
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Below the Line/Minor Behaviors	Bottom Line/Major Behaviors	Possible Motivations
<input type="checkbox"/> Cheating/Plagiarism <input type="checkbox"/> Lying <input type="checkbox"/> Minor Disrespect <input type="checkbox"/> Noncompliance <input type="checkbox"/> Distraction <input type="checkbox"/> Dress Code Violation <input type="checkbox"/> Gum/Candy/Food <input type="checkbox"/> Minor Physical Contact <input type="checkbox"/> Loitering <input type="checkbox"/> Non-directive Profanity <input type="checkbox"/> Name Calling/Teasing/Tattling <input type="checkbox"/> Technology Violation <input type="checkbox"/> Minor Vandalism/Property Misuse <input type="checkbox"/> Minor Theft <p style="text-align: center;"><u>Transportation</u></p> <input type="checkbox"/> Bus Violation <p><u>Teacher Response to Minor Behaviors</u></p>	<input type="checkbox"/> Use/Possession/Distribution of Drugs, Alcohol, or Tobacco <input type="checkbox"/> Use/Possession of Weapons <input type="checkbox"/> Bomb Threat/False Alarm <input type="checkbox"/> Vandalism/Arson <input type="checkbox"/> Major Disrespect <input type="checkbox"/> Insubordination/Defiance <input type="checkbox"/> Disruption <input type="checkbox"/> Abusive Language/Directional Profanity <input type="checkbox"/> Bullying/Harassment <input type="checkbox"/> Inappropriate Touching <input type="checkbox"/> Physical Aggression/Fighting <input type="checkbox"/> Gang Affiliated Behavior <input type="checkbox"/> Major Theft <input type="checkbox"/> Major Disrespect <input type="checkbox"/> Dress Code (Gross Violation) <input type="checkbox"/> Serious Technology Violation <input type="checkbox"/> Tardy to School <input type="checkbox"/> Truancy/Skipping Class <input type="checkbox"/> 3 Minors = Major	<input type="checkbox"/> Obtain peer attention <input type="checkbox"/> Obtain adult attention <input type="checkbox"/> Obtain items/activities <input type="checkbox"/> Avoid peer(s) <input type="checkbox"/> Avoid adult <input type="checkbox"/> Avoid task or activity <input type="checkbox"/> Don't know <input type="checkbox"/> Other _____

Administrative Decision

Principal Signature: _____ **Date:** _____

Dear Parents,

As part of our school discipline program, we feel it is necessary to communicate to parents our concerns about a student's behavior. The purpose of this notification is to inform you of a disciplinary incident involving your child. We would sincerely appreciate your cooperation in speaking to your child regarding the behaviors indicated above. Please sign the bottom and return to your child's teacher the next school day. Please feel free to contact the referring teacher if you have any questions.

Parent Signature: _____ **Date:** _____

*All minors are filed with classroom teacher. **Three minors equal a major.** All majors require administrator consequence, parent contact, and signature.*