

Name: _____

Grade: _____

**NORTHSIDE TECH MIDDLE SCHOOL
DISCIPLINE REFERRAL FORM**

Minor:		Major:	
Referring Staff:		Room No.:	
Incident Date:		Time:	

Location:			
<input type="checkbox"/> Auditorium	<input type="checkbox"/> Bathroom	<input type="checkbox"/> Bus Zone	<input type="checkbox"/> Cafeteria
<input type="checkbox"/> Car Zone	<input type="checkbox"/> Classroom	<input type="checkbox"/> Detention	<input type="checkbox"/> Hallway
<input type="checkbox"/> Office	<input type="checkbox"/> Off Limits Area	<input type="checkbox"/> Playground	<input type="checkbox"/> Other

Expectation Violated:			
<input type="checkbox"/> Northside students practice safety	<input type="checkbox"/> Treat people and property with respect	<input type="checkbox"/> Manage time and tasks	<input type="checkbox"/> Strive for success

Nature of Referral:		
<input type="checkbox"/> Willful Disobedience	<input type="checkbox"/> Treats authority with disrespect	<input type="checkbox"/> Makes unfounded charges against auth.
<input type="checkbox"/> Uses profane &/or obscene language	<input type="checkbox"/> Guilty of immoral or vicious practices	<input type="checkbox"/> Conduct or habits injurious to others
<input type="checkbox"/> Uses/possesses controlled dangerous sub	<input type="checkbox"/> Uses tobacco &/or lighter	<input type="checkbox"/> Uses/possesses alcoholic beverages
<input type="checkbox"/> Disturbs the school	<input type="checkbox"/> Cuts/defaces school property/vandalism	<input type="checkbox"/> Writes/draws obscene language/pics
<input type="checkbox"/> Possesses weapons prohibited by fed law	<input type="checkbox"/> Possesses weapons not prob. by fed law	<input type="checkbox"/> Throws missiles liable to injure others
<input type="checkbox"/> Instigates or participates in fights	<input type="checkbox"/> Violates traffic & safety regulations	<input type="checkbox"/> Leaves school/classroom without permission
<input type="checkbox"/> Is habitually tardy &/or absent	<input type="checkbox"/> Is guilty of stealing	<input type="checkbox"/> Commits any other serious offense
<input type="checkbox"/> Eating/drinking/littering	<input type="checkbox"/> Skipping class or school	<input type="checkbox"/> Threatening students/faculty
<input type="checkbox"/> Gambling	<input type="checkbox"/> Possession/shooting fireworks	<input type="checkbox"/> Disturbance in classroom or campus
<input type="checkbox"/> Habitual violation of school/class rules	<input type="checkbox"/> Dress code violation	<input type="checkbox"/> Failure to attend ISS
<input type="checkbox"/> Use of inappropriate objects	<input type="checkbox"/> Refusing to sit in assigned seat	<input type="checkbox"/> Treats students with disrespect
<input type="checkbox"/> Public display of affection	<input type="checkbox"/> Sexual harassment	<input type="checkbox"/> Not having proper materials for class
<input type="checkbox"/> Not participating in class	<input type="checkbox"/> Dishonesty-forging signature/cheating	<input type="checkbox"/> Horse playing
<input type="checkbox"/> Violates off limits area(s)	<input type="checkbox"/> Cell phone violation	<input type="checkbox"/> Bullying
<input type="checkbox"/> Inappropriate bodily contact	<input type="checkbox"/> Sleeping in class	<input type="checkbox"/> Physical assault with bodily injury
<input type="checkbox"/> Talking in class	<input type="checkbox"/> Improper use of computer	<input type="checkbox"/> Physical assault without bodily injury
<input type="checkbox"/> Aggravated assault to another student	<input type="checkbox"/> Aggravated assault to an employee	<input type="checkbox"/> Arson (starting a fire)
<input type="checkbox"/> Use of an object to harm/frighten/intimidate	<input type="checkbox"/> Causing a false alarm	<input type="checkbox"/> Extortion
<input type="checkbox"/> Burglary	<input type="checkbox"/> Robbery	<input type="checkbox"/> Group fight

Actions Taken By Employee:		
<input type="checkbox"/> Conference with pupil	<input type="checkbox"/> Referred to IEP Teacher	<input type="checkbox"/> Re-teach expectation
<input type="checkbox"/> Referred to counselor	<input type="checkbox"/> Referred to SRO	<input type="checkbox"/> Student contract
<input type="checkbox"/> Placed in detention	<input type="checkbox"/> Placed in time out	<input type="checkbox"/> Proximity control
<input type="checkbox"/> Assigned punishment work	<input type="checkbox"/> Peer mediation	<input type="checkbox"/> Seating change
<input type="checkbox"/> Loss of privilege	<input type="checkbox"/> Reviewed policy with student	<input type="checkbox"/> Referred to office (major)
<input type="checkbox"/> Parent contact	<input type="checkbox"/> Time to think	<input type="checkbox"/> Other:

Witnesses: (if any)		

Victim(s):		

Parent Conference Requested: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	Time:
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-- COMPLETE BOTH SIDES --

Remarks:

Administrative Action Taken:

<input type="checkbox"/> 1st Offense Warning	<input type="checkbox"/> 2nd Offense Assigned 5 Days of Lunch Detention Dates: _____
<input type="checkbox"/> 3rd Offense Assigned 8 Days of Lunch Detention Dates: _____	<input type="checkbox"/> 4th Offense Assigned 1 Day of Saturday Detention Date: _____
<input type="checkbox"/> 5th Offense Assigned 2 Days of Saturday Detention Dates: _____	<input type="checkbox"/> 6th Offense Assigned 3 Days of Saturday Detention Dates: _____
<input type="checkbox"/> 7th Offense Assigned 4 Days of Saturday Detention Dates: _____	<input type="checkbox"/> 8th Offense Assigned 2 Days Out of School Suspension Dates: _____
<input type="checkbox"/> 9th Offense Assigned 3 Days Out of School Suspension Dates: _____	<input type="checkbox"/> 10th Offense Recommendation for Expulsion

Disciplinarian's Notes: