LOUISIANA DEPARTMENT OF EDUCATION SCHOOL BUS BEHAVIOR REPORT

FORM "SB"

In accordance with R.S. 17:416, the purpose of this report is to inform parents/guardians of a behavioral incident on the school bus, at a bus stop or in the bus loading zone at the school, and of subsequent disciplinary action taken by school officials. Because this or other incidents may jeopardize the safety or well-being of the named student, the school bus driver or other persons, parents are urged to discuss the incident and possible implications with the student to prevent further occurrences. Students and parents are reminded that bus riding privileges may be revoked at any time deemed necessary for the safety of school bus passengers or other citizens.

Name of Student _____ Phone _____ Grade _____

Name of Bus Driver/Staff _____ Phone _____ Bus Number _____

Name of Principal _____ School _____

Check One: ☐ Regular Education ☐ 504 ☐ Special Education Date of Incident _____ Time _____ Location _____

Time Code: _____	04 During School Activity Trip, 05 To/From School, 06 At Bus Stop or Transfer Station
Location Code: _____	05 On Bus, 06 At Bus Stop or Transfer Station, 15 Other

Primary Incident / Reason Codes. Check all that apply.

01. ☐ Willful disobedience
02. ☐ Treats an authority with disrespect
03. ☐ Makes an unfounded charge against authority
04. ☐ Uses profane and/or obscene language
05. ☐ Is guilty of immoral or vicious practices
06. ☐ Is guilty of conduct or habits injurious to his/her associates
07. ☐ Uses or possesses in any form any controlled dangerous substance governed by the Uniform Controlled Substances Law
08. ☐ Uses or possesses tobacco, lighter or matches
09. ☐ Uses or possesses alcoholic beverages
10. ☐ Disturbs the school or habitually violates any rule
11. ☐ Cuts, defaces, or injures any part of public school buildings/vandalism
12. ☐ Writes profane and/or obscene language or draws obscene pictures
14. ☐ Possesses firearms, knives or other implements that can be used as weapons
15. ☐ Throws missiles liable to injure others
16. ☐ Instigates or participates in fights while under school supervision
17. ☐ Violates traffic and safety regulations
18. ☐ Leaves school premises or classroom without permission
19. ☐ Is habitually tardy and/or absent
20. ☐ Is guilty of stealing
21. ☐ Commits any other serious offense
35. ☐ Bullying/Harassment (*complete Bully form)
36. ☐ Cyber Bullying/Cyber Harassment (*complete Bully form)
38. ☐ Forgery
39. ☐ Gambling
42. ☐ Unauthorized use of Technology
43. ☐ Improper dress

REMARKS/DESCRIPTION OF INCIDENT: _____

ACTION(S) TAKEN BY SCHOOL BUS DRIVER

The student named above is hereby reported for inappropriate behavior as indicated in this report. This is the student's 1st 2nd 3rd 4th 5th (circle one) or other ___ cumulative behavioral referral(s). I have taken the following action(s):

011 ☐ Referred to Office
120 ☐ Discussed Behavior with Student
173 ☐ Discussed Behavior with Parent or Guardian
175 ☐ Participated in Conference with School Administrator
999 ☐ Other

Date of Referral: _____ Date of Contact: _____ Time: _____ ☐ Phone Call ☐ Letter ☐ Other (Describe): _____

Response of Parent/Guardian: _____

Date of Conference: _____ Describe: _____

Signature of Bus Driver: _____ Date: _____

ACTION(S) TAKEN BY SCHOOL ADMINISTRATOR

The student named above is hereby reported for inappropriate behavior as indicated in this report. This is the student's 1st 2nd 3rd 4th 5th (circle one) or other ___ cumulative behavioral referral(s). I have taken the following action(s):

011 ☐ No Action– only use if no reportable action was taken
012 ☐ Referred to Counselor
043 ☐ After School Detention from _____ to _____
004 ☐ Suspension In School from _____ to _____
017 ☐ Enforcement Referral (Arrest Resulted Y N)
080 ☐ Assigned Remedial Work
140 ☐ Student Reprimand
175 ☐ Conference w/ Principal on: _____
160 ☐ Loss of Privileges/Bus Suspension: _____ days
014 ☐ Referred to School Building Level Committee (SBLC)
045 ☐ Weekend Detention from _____ to _____
006 ☐ Suspension Alternative Site from _____ to _____
016 ☐ Court Referral Date _____
999 ☐ Other Action(s): _____
120 ☐ Student Conference Date: _____
180 ☐ Corporal Punishment (*if checked—complete "Corporal Punishment" Form*)
020 ☐ TOR (Time Out Room)
040 ☐ In School Detention from _____ to _____
002 ☐ Suspension Out Of School from _____to _____
001 ☐ **Expulsion Recommendation**
013 ☐ Referral to Social Worker
030 ☐ Restorative Practices Implemented
173 ☐ Conference w/ Parents or Guardians on:_____

Circle Yes or No: **Perpetrator:** Serious Bodily Injury Y N Medical Treatment Y N **Victim:** Serious Bodily Injury Y N Medical Treatment Y N

Y N Contact Parent/Guardian Date: _____ Time: _____ ☐ Phone Call ☐ Letter ☐ Conference Date: _____ Time: _____

SIS Primary Infraction/Reason Code Entered: _____ Signature of Principal: _____ Date: _____

COMMENTS BY STUDENT AND/OR PARENT/GUARDIAN: _____

Signature of Student: _____ Signature of Parent/Guardian: _____ Current Date: _____

Check appropriate blocks as copies of the document are supplied: ☐ Parent/Guardian ☐ School's Pupil File ☐ Employee Filing this Report ☐ Principal

***NOTE: The principal shall return a completed copy of this form to the staff member who initiated the referral within 48 hours (excluding non-work days) of the time it was submitted to the principal.**

****Attachments:** Provide copies of all documents related to the behavior of the student named above and prepared by the employee submitting this referral.