

## Columbia School District Discipline Referral

The purpose of this report is to inform parents/guardians of a behavior incident on the school campus or during school-related activities and of subsequent disciplinary action taken by school officials. The student is responsible for promptly delivering this correspondence to a parent/guardian. Refer to the Student/Parent Handbook for student protections.

Student's Name: \_\_\_\_\_ Referring Teacher: \_\_\_\_\_ Date of Incident: \_\_\_\_\_

Grade: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: F M Time: \_\_\_\_\_ Class Period: \_\_\_\_\_ Location \_\_\_\_\_

Ethnicity: Caucasian African-American Other \_\_\_\_\_ Classification: Regular Education Special Education

Nature of Incident: Check appropriate box/boxes and list specific remarks in the space provided.

- |   |   |
|---|---|
| <input type="checkbox"/> Habitually violated school rules/policies<br><input type="checkbox"/> Was disobedient/disrespectful<br><input type="checkbox"/> Acted inappropriately<br><input type="checkbox"/> Was in an unauthorized area<br><input type="checkbox"/> Cut class without/with leaving campus<br><input type="checkbox"/> Cut detention<br><input type="checkbox"/> Possessed cell phone/telecommunications device<br><input type="checkbox"/> Used unacceptable language/gesture<br><input type="checkbox"/> Threatened/Harassed/Intimidated/Humiliated<br><input type="checkbox"/> Made physical contact without injury<br><input type="checkbox"/> Willfully injured<br><input type="checkbox"/> <b>WAS FIGHTING (72 hrs)</b> | <input type="checkbox"/> Created Disturbance<br><input type="checkbox"/> Was tardy (___ times to this class)<br><input type="checkbox"/> Provided false information<br><input type="checkbox"/> Cheated<br><input type="checkbox"/> <b>*TOOK/POSSESSED ANOTHER'S PROPERTY</b><br><input type="checkbox"/> <b>*VANDALIZED</b><br><input type="checkbox"/> Violated Network Acceptable Use Policy<br><input type="checkbox"/> Possessed/Used tobacco or related item<br><input type="checkbox"/> <b>POSSESSED/USED DRUGS/ALCOHOL</b><br><input type="checkbox"/> <b>POSSESSED A WEAPON (72 Hrs)</b><br><input type="checkbox"/> Violated dress code/ID policy (___ offense)<br><input type="checkbox"/> Committed other offense _____ |
|---|---|

\* If incident is non-criminal, it should not be reported to MSIS. Otherwise, incidents in all CAPS will be reported to MSIS.

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PRIOR ACTIONS TAKEN BY STAFF MEMBER**

- |   |   |
|---|---|
| <input type="checkbox"/> Warning<br><input type="checkbox"/> Before or After School Detention (Date: _____)<br><input type="checkbox"/> Recess/Break Detention (Date: _____)<br><input type="checkbox"/> Change in Seating Assignment (Date: _____)<br><input type="checkbox"/> Conference with Student (Date: _____)<br><input type="checkbox"/> Referral to Counselor (Date: _____) | <input type="checkbox"/> Phone Contact with Parent/Guardian (Date: _____)<br><input type="checkbox"/> Conference with Parent/Guardian (Date: _____)<br><input type="checkbox"/> Previous Notification to Parent/Guardian<br><input type="checkbox"/> TST Referral (Date: _____)<br><input type="checkbox"/> Other _____ |
|---|---|

Staff Member's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**ACTION(S) TAKEN BY SCHOOL ADMINISTRATION**

- 
- Conference with Student
- 
- 
- Referral to School Counselor
- 
- 
- Lunch Detention (Date: \_\_\_\_\_)
- 
- 
- Recess/Break Detention ( \_\_\_\_\_ # of Days)
- 
- 
- After-School Detention (Date: \_\_\_\_\_)
- 
- 
- In-School Detention (Date: \_\_\_\_\_)
- 
- 
- Loss of Privileges (Date: \_\_\_\_\_)
- 
- 
- Bus Suspension (Date: \_\_\_\_\_)
- 
- 
- CORPORAL PUNISHMENT**

**Actions in CAPS will be reported to MSIS.**

- 
- Conference with Parent/Guardian (Date: \_\_\_\_\_)
- 
- 
- Phone Contact with Parent/Guardian (Date: \_\_\_\_\_)
- 
- 
- TST Referral (Date: \_\_\_\_\_)
- 
- 
- DST Referral (Date: \_\_\_\_\_)
- 
- 
- OUT-OF-SCHOOL SUSPENSION**
- (Begin: \_\_\_\_\_ to \_\_\_\_\_)
- 
- Student May Return to School on \_\_\_\_\_
- 
- 
- REFERRED FOR EXPULSION FROM SCHOOL**
- 
- 
- PLACED IN ALTERNATIVE SCHOOL**
- 
- 
- Other \_\_\_\_\_

Administrator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments by Administrator: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Comments by Student, Parent/Guardian: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

|              |                       |                      |                       |
|--------------|-----------------------|----------------------|-----------------------|
| DISTRIBUTION | White - Parent's Copy | Yellow - Office Copy | Pink - Teacher's Copy |
|--------------|-----------------------|----------------------|-----------------------|