

## DISCIPLINE REFERRAL FORM – MINOR

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher: \_\_\_\_\_ Date Submitted to Resource: \_\_\_\_\_

MINOR INFRACTION				
<b>Nature of Infraction:</b>				
<b>Date:</b>	<b>Category:</b>	<input type="checkbox"/> Respectful	<input type="checkbox"/> Responsible	<input type="checkbox"/> Ready to Succeed
	<b>Location:</b>	<input type="checkbox"/> Classroom	<input type="checkbox"/> Art/Music Room	<input type="checkbox"/> Bathroom <input type="checkbox"/> Library
<b>Time:</b>		<input type="checkbox"/> Hallway	<input type="checkbox"/> Locker Room	<input type="checkbox"/> Commons <input type="checkbox"/> Office
		<input type="checkbox"/> Gym	<input type="checkbox"/> Off-Campus	<input type="checkbox"/> Other: _____
<b>Motivation:</b>	<input type="checkbox"/> Obtain Peer Attention	<input type="checkbox"/> Obtain Adult Attention	<input type="checkbox"/> Obtain Items/Activities	
	<input type="checkbox"/> Avoid Peer	<input type="checkbox"/> Avoid Adult	<input type="checkbox"/> Avoid Tasks/Activities	
	<input type="checkbox"/> Unknown Motivation	<input type="checkbox"/> Other Motivation _____		
<b>Re-Teach with Intervention:</b> _____				
<b>Parent Contact (Date/Time):</b> _____				
<b>Narrative:</b> _____ _____				
MINOR INFRACTION				
<b>Nature of Infraction:</b>				
<b>Date:</b>	<b>Category:</b>	<input type="checkbox"/> Respectful	<input type="checkbox"/> Responsible	<input type="checkbox"/> Ready to Succeed
	<b>Location:</b>	<input type="checkbox"/> Classroom	<input type="checkbox"/> Art/Music Room	<input type="checkbox"/> Bathroom <input type="checkbox"/> Library
<b>Time:</b>		<input type="checkbox"/> Hallway	<input type="checkbox"/> Locker Room	<input type="checkbox"/> Commons <input type="checkbox"/> Office
		<input type="checkbox"/> Gym	<input type="checkbox"/> Off-Campus	<input type="checkbox"/> Other: _____
<b>Motivation:</b>	<input type="checkbox"/> Obtain Peer Attention	<input type="checkbox"/> Obtain Adult Attention	<input type="checkbox"/> Obtain Items/Activities	
	<input type="checkbox"/> Avoid Peer	<input type="checkbox"/> Avoid Adult	<input type="checkbox"/> Avoid Tasks/Activities	
	<input type="checkbox"/> Unknown Motivation	<input type="checkbox"/> Other Motivation _____		
<b>Re-Teach with Intervention:</b> _____				
<b>Parent Contact (Date/Time):</b> _____				
<b>Narrative:</b> _____ _____				
MINOR INFRACTION				
<b>Nature of Infraction:</b>				
<b>Date:</b>	<b>Category:</b>	<input type="checkbox"/> Respectful	<input type="checkbox"/> Responsible	<input type="checkbox"/> Ready to Succeed
	<b>Location:</b>	<input type="checkbox"/> Classroom	<input type="checkbox"/> Art/Music Room	<input type="checkbox"/> Bathroom <input type="checkbox"/> Library
<b>Time:</b>		<input type="checkbox"/> Hallway	<input type="checkbox"/> Locker Room	<input type="checkbox"/> Commons <input type="checkbox"/> Office
		<input type="checkbox"/> Gym	<input type="checkbox"/> Off-Campus	<input type="checkbox"/> Other: _____
<b>Motivation:</b>	<input type="checkbox"/> Obtain Peer Attention	<input type="checkbox"/> Obtain Adult Attention	<input type="checkbox"/> Obtain Items/Activities	
	<input type="checkbox"/> Avoid Peer	<input type="checkbox"/> Avoid Adult	<input type="checkbox"/> Avoid Tasks/Activities	
	<input type="checkbox"/> Unknown Motivation	<input type="checkbox"/> Other Motivation _____		
<b>Re-Teach with Intervention:</b> _____				
<b>Parent Contact (Date/Time):</b> _____				
<b>Narrative:</b> _____ _____				

For Office Use Only	<p><b>ACTION TAKEN</b></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Student Conference  <input type="checkbox"/> Loss of Privilege  <input type="checkbox"/> Time in Office                 </div> <div style="width: 45%;"> <input type="checkbox"/> Individual Instruction  <input type="checkbox"/> Detention – Date: _____  <input type="checkbox"/> In-School Suspension - # of Hours/Days _____  <input type="checkbox"/> Out-of-School Suspension - # of Hours/Days _____                 </div> </div> <p>Signed: _____</p>
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**3 Minors = 1 Major**

## DISCIPLINE REFERRAL FORM – MAJOR

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher: \_\_\_\_\_ Date Submitted to Office: \_\_\_\_\_

<b>MAJOR INFRACTION</b>	
<b>Nature of Infraction:</b>	<input type="checkbox"/> Fighting <input type="checkbox"/> Profanity <input type="checkbox"/> Truancy <input type="checkbox"/> Weapons <input type="checkbox"/> Harassment <input type="checkbox"/> Substances <input type="checkbox"/> Vandalism <input type="checkbox"/> Major Insubordination <input type="checkbox"/> Theft <input type="checkbox"/> Other _____
<b>Date:</b>	<b>Category:</b> <input type="checkbox"/> Respectful <input type="checkbox"/> Responsible <input type="checkbox"/> Ready to Succeed <b>Location:</b> <input type="checkbox"/> Classroom <input type="checkbox"/> Art/Music Room <input type="checkbox"/> Bathroom <input type="checkbox"/> Library <input type="checkbox"/> Hallway <input type="checkbox"/> Locker Room <input type="checkbox"/> Commons <input type="checkbox"/> Office <input type="checkbox"/> Gym <input type="checkbox"/> Off-Campus <input type="checkbox"/> Other: _____
<b>Time:</b>	
<b>Motivation:</b>	<input type="checkbox"/> Obtain Peer Attention <input type="checkbox"/> Obtain Adult Attention <input type="checkbox"/> Obtain Items/Activities <input type="checkbox"/> Avoid Peer <input type="checkbox"/> Avoid Adult <input type="checkbox"/> Avoid Tasks/Activities <input type="checkbox"/> Unknown Motivation <input type="checkbox"/> Other Motivation _____
<b>Parent Contact (Date/Time):</b> _____	
<b>Re-Teach with Intervention:</b> _____	
<b>Narrative:</b> _____	
_____ _____ _____ _____ _____ _____	

For Office Use Only	<b>ACTION TAKEN</b> <input type="checkbox"/> Student Conference <input type="checkbox"/> Individual Instruction <input type="checkbox"/> Loss of Privilege <input type="checkbox"/> Detention – Date: <input type="checkbox"/> Time in Office <input type="checkbox"/> In-School Suspension - # of Hours/Days _____ <input type="checkbox"/> Out-of-School Suspension - # of Hours/Days _____
Signed: _____	

Other Comments: \_\_\_\_\_

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**3 Minors = 1 Major**