



**SAN FELIPE DEL RIO CONSOLIDATED
INDEPENDENT SCHOOL DISTRICT
Discipline Referral Form**

STUDENT NAME: _____ ID# _____ GRADE: _____ CAMPUS: _____

DATE OF INCIDENT: _____ TIME OF INCIDENT: _____ STAFF MEMBER: _____

Interventions (Actions taken to address problem behavior.)

Verbal Warning Student Conference Demerit (not considered a referral) Parent Conference Other _____

DATE/TIME(S) INTERVENTION(S) TAKEN:

Student Conference: _____ E-Mail: _____ Phone Call to Parent: _____ Parent Conference: _____

Reason For Referral

OFFENSE LOCATION _____ EMPLOYEE SIGNATURE _____ DATE _____

For administrative use only

NOTE: The Campus Discipline Coordinator/Principal must complete, sign, and date the referral form before the data is entered into Skyward. Do not send referrals home that contain the names of other students in connection with this incident.

SEVERITY LEVEL: 1st Offense 2nd Offense 3rd Offense SSSP Team Review Level 1 Emergency Placement

ADMINISTRATIVE ACTION(S) TAKEN:

- | | | |
|--|---|---|
| <input type="checkbox"/> Warning/Verbal Reprimand (31) | <input type="checkbox"/> After/Before School Det. (ASD/BSD) | <input type="checkbox"/> Full Day(s) ISS (06) |
| <input type="checkbox"/> Loss Access Privilege (A70) | <input type="checkbox"/> Full Day(s) OSS (05) | <input type="checkbox"/> Expulsion to DAEP (03) |
| <input type="checkbox"/> Parent Conference (20) | <input type="checkbox"/> Part Day OSS (25) | <input type="checkbox"/> DAEP Placement (07) |
| <input type="checkbox"/> Corrective Counseling (22) | <input type="checkbox"/> Part Day ISS (26) | <input type="checkbox"/> Contract (19) |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> No Mandatory Action Taken-ARD (27) | <input type="checkbox"/> No Mandatory Action Taken (28) |

REMARKS:

PEIMS INCIDENT NUMBER: _____ OFFENSE CODE: _____ BEHAVIOR LOCATION CODE: _____

ACTION CODE(S): _____ ACTION ORDERED DATE (date action was assigned): _____

DISCIPLINE ENTRY DATE: _____ ENTERED BY: _____

Signatures:

Student: _____ Date: _____

Parent: _____ Date: _____

Administrator: _____ Date: _____