



SAN FELIPE DEL RIO CONSOLIDATED
INDEPENDENT SCHOOL DISTRICT
Discipline Referral Form

STUDENT NAME: _____ ID# _____ GRADE: _____ REFERRAL DATE: _____

TIME OF OFFENSE: _____ PARENT CELL# _____ PARENTS WORK # _____ HOME/OTHER # _____

MISCONDUCT: _____

Interventions (Actions taken by staff member to address problem behavior.)

☐ Verbal Warning ☐ Student Conference ☐ Demerit ☐ Counselor Referral ☐ Loss of privileges ☐ Parent Conference

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

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

STAFF MEMBER COMPLETING REFERRAL _____ DATE _____

For administrative use only

NOTE: The Campus Behavior Coordinator (CBC) 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.

SPECIAL PROGRAMS:

☐ 504 ☐ Special Ed. ☐ BE/ESL ☐ McKinney-Vento

ADMINISTRATIVE ACTION TAKEN:

☐ SSSP Team Review ☐ Emergency Placement

☐ Student Conference ☐ Parent Conference ☐ Counselor Referral ☐ ISS ☐ OSS

DATE ACTION TAKEN: _____ ARRIVAL TIME: _____ TIME LEFT OFFICE: _____

REMARKS:

Total # of Referrals
to Date

Total # of Assigned
Detention

Total # of Assigned
ISS Days

Total # of Assigned
OSS Days

POLICE ACTION DATE: _____ TIME: _____ OFFICER: _____

PEIMS INCIDENT NUMBER: _____ ☐ DISCIPLINE ENTRY DATE _____

PEIMS DISCIPLINARY ACTION REASON: _____ ☐ LINKED ENTERED BY: _____

BEHAVIOR LOCATION CODE: _____ PEIMS DISCIPLINARY ACTION CODE(S): _____

SIGNATURES:

STUDENT: _____ DATE: _____

PARENT: _____ DATE: _____

ADMINISTRATOR: _____ DATE: _____

ADMINISTRATOR PRINTED NAME: _____