



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: \_\_\_\_\_