



SAN FELIPE-DEL RIO
Consolidated Independent School District

Action Code:
Ref.#
Incident #
Offense Code:

Student Discipline Referral

Student: ID#: Grade:
Campus:
Date of Incident: Time of Incident: Staff Member:

Teacher Action(s) Taken Prior To Referral

(Indicate date by each action)

- Classroom Consequence, Detention, Seating change, Police involvement, Parental Aide, Consulted counselor, Intervention plan, Sent previous report home, Other actions taken (explain), Contacted parent, Parent conference, Student conference, Referred to Crisis Core Team

Teacher signature: Counselor signature:
Parent signature:

Reason(s) For The Referral Date

Give a brief, factual account of the incident

Blank lines for providing the reason for the referral and the date.

Administrative Action(s) Taken

- Student conference, Warning/Verbal, Counselor, Det./Lunch After School, Loss of privilege, Parent Conf./Date, ISS, Discipline contract, Intervention plan, OSS, Refer to Law Enforcement, Level 1, Community Service, Community Agency, Discipline contract, ARD/504, PO notified

Blank lines for listing administrative actions taken.

Student signature: Administrator signature:

Parent/Guardian Contact

Parent/Guardian: Home # Work #
Parent Contact (date/time): Cell #
Parent signature: Date: Date referral mailed/sent home: