

Hoggetowne Middle School

Discipline Referral Form

Student's Name _____ Grade _____
Date _____ Time _____
Referring Teacher _____

1. Reason for Referral

- | | |
|--|---|
| <input type="checkbox"/> Vandalism | <input type="checkbox"/> Larceny/Theft |
| <input type="checkbox"/> Defiance | <input type="checkbox"/> Abusive Language |
| <input type="checkbox"/> Assault/Threat/Intimidation (Physical/Verbal) | <input type="checkbox"/> Cheating |
| <input type="checkbox"/> Disorderly conduct/Classroom Disruption | <input type="checkbox"/> Weapons Possession |
| <input type="checkbox"/> Sexual Harrassment | <input type="checkbox"/> Vandalism |
| <input type="checkbox"/> Sex offenses (lewd behavior, indecent exp.) | <input type="checkbox"/> Fighting |
| <input type="checkbox"/> Drugs (possession, sale, use/under influence) | <input type="checkbox"/> Alcohol |
| <input type="checkbox"/> Smoking Tobacco | <input type="checkbox"/> Computer misuse |
| <input type="checkbox"/> Unsafe Action | <input type="checkbox"/> Harassment |
| <input type="checkbox"/> Skipping | <input type="checkbox"/> Dress code violation |
| <input type="checkbox"/> Excessive Tardies | <input type="checkbox"/> Other |

Explanation _____

Location of Infraction _____

Action taken by Administration (if applicable)

- | | |
|---|--|
| <input type="checkbox"/> Counseled Student | <input type="checkbox"/> Phone Conference with parents |
| <input type="checkbox"/> Referred to outside counseling | <input type="checkbox"/> Letter to Parent |
| <input type="checkbox"/> Privileges Revoked | <input type="checkbox"/> Request Parent Conference |
| <input type="checkbox"/> Suspended from school for _____ days | <input type="checkbox"/> In-School suspension |
| <input type="checkbox"/> Other | |

Explanation _____

Administrator's Signature _____ Date _____ Previous Referrals _____

Parent's Signature _____ Date _____

See back for conference notes.....