

Willis Road Elementary School Student Discipline Referral

Student Name _____ Grade _____ Date _____

ID # _____ Gender _____ Time _____ Referring Teacher _____

Issue (s) of Major Concern

- Abusive Language
- Fighting/Physical Aggression
- Defiance/Disrespect/Insubordination
- Bullying/Harassment/Teasing/Taunting
- Disruption
- Skipping Classes
- Forgery/Theft
- Dress Code Violation
- Lying/Cheating
- Tobacco/Alcohol/Drugs
- Property Damage
- Arson/Weapons
- Other _____
- Accumulation of 5 or more Gotchas of same offense *(Please complete chart to the right.)*

Previous Infractions and Action Taken

Date	Incident	Action Taken

Location

- Playground
- Cafeteria
- Hallway
- Bathroom
- Classroom
- Special Event
- Specials Class
- Bus
- Other _____

Possible Motivation

- Attention from peer(s)
- Attention from adult(s)
- Avoid peer(s)
- Avoid adult(s)
- Avoid work
- Obtain item
- Don't Know/Unclear
- Other _____

Others Involved

- None
- Peers
- Staff
- Teacher
- Unknown
- Substitute
- Other _____

What happened?

Consequence	Time or Number of Days	Date
In School Suspension		
Suspension Out of School		
Suspension off Bus		
Parent Contact		
Conference		
Other		

To Be Completed By Administrator

Follow Up Agreement

What rules did you break?

What did you want?

Did you get what you wanted?

What will you do differently next time?

Home Phone	
Work Phone	
Cell Phone	

Student Signature _____

Administrator Signature _____