

1. Teachers submits all copies to office as soon as possible or with student.
2. All appropriate information should be included
3. Following administrative action, a copy of completed form will be returned.

## STUDENT DISCIPLINE REFERRAL

### Gadsden City Schools

School Name: \_\_\_\_\_

|                |      |
|----------------|------|
| STUDENT'S NAME |      |
| TEACHER        | DATE |
| GRADE/SUBJECT  | TIME |

Offense/Location: \_\_\_\_\_

Previous Incidents Involving Student: \_\_\_\_\_

| T                        | A                        | ACTION TAKEN (T - Teacher A - Administrator) | T                        | A                        | ACTION TAKEN   |
|--------------------------|--------------------------|--|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Student Conference                           | <input type="checkbox"/> | <input type="checkbox"/> | Corporal Punishment (form attached)  |
| <input type="checkbox"/> | <input type="checkbox"/> | Telephoned Parents                           | <input type="checkbox"/> | <input type="checkbox"/> | In-school Suspension   |
| <input type="checkbox"/> | <input type="checkbox"/> | Referral Sent Home For Signature             | <input type="checkbox"/> | <input type="checkbox"/> | Referral to Counselor  |
| <input type="checkbox"/> | <input type="checkbox"/> | Parent Conference (Date held: _____)         | <input type="checkbox"/> | <input type="checkbox"/> | Suspension   |
| <input type="checkbox"/> | <input type="checkbox"/> | Work Assignment                              | <input type="checkbox"/> | <input type="checkbox"/> | Home referral-parent must bring student to school on _____ and meet with the principal or asst. principal. |
| <input type="checkbox"/> | <input type="checkbox"/> | School Bus Suspension                        |                          |                          |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Other (explanation attached)                 |                          |                          |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Referral to pupil Services Coordinator       |                          |                          |  |

Comments: \_\_\_\_\_

School Personnel Signature \_\_\_\_\_

Parent's Signature \_\_\_\_\_