

STUDENT DISCIPLINE REFERRAL FORM

Pine Hill Schools

P.O BOX 280 Pine Hill, New Mexico 87357 • 505-775-3243/44

Discipline Referral for: _____
Grade: _____
Referred By _____

Date of Incident: _____
Class Period/ Time of Day: _____
Location: _____

REASON(S) FOR THIS REFERRAL (PLEASE CHECK BOXES THAT APPLY)

Classroom Management Issues

Level I Offenses

- | | | |
|---|---|---|
| <input type="checkbox"/> Acting Disrespectfully | <input type="checkbox"/> Insubordination | <input type="checkbox"/> Electronic Devices |
| <input type="checkbox"/> Abusive Language/Gesture | <input type="checkbox"/> Dress Code Violation | <input type="checkbox"/> Tardiness |

Dean of Students (for Level II,III, & IV Referrals)

Level II Offenses

- | | | |
|---|--|--|
| <input type="checkbox"/> Unapproved Areas | <input type="checkbox"/> Truancy (Ditching) | <input type="checkbox"/> False Report |
| <input type="checkbox"/> Computer Violation | <input type="checkbox"/> Graffiti | <input type="checkbox"/> Plagiarism |
| <input type="checkbox"/> Bullying/Hazing/Intimidation | <input type="checkbox"/> Threatening Staff | <input type="checkbox"/> Sexual Harassment |
| <input type="checkbox"/> Pulling Fire Alarm | <input type="checkbox"/> Loitering (Hanging out) | <input type="checkbox"/> Public Display of Affection (PDA) |
| <input type="checkbox"/> Driving Unregistered Vehicle | <input type="checkbox"/> Incendiary Devices(Including Fireworks) | <input type="checkbox"/> Indecent Exposure |

Level III Offenses

- | | | |
|--|--|------------------------------------|
| <input type="checkbox"/> Bomb threat | <input type="checkbox"/> Aiding/Instigator/Aggressor | <input type="checkbox"/> Extortion |
| <input type="checkbox"/> Physical Attack | <input type="checkbox"/> Sexual Attack | <input type="checkbox"/> Theft |

Level IV Offenses and other Provisions

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Personal Substance Abuse | <input type="checkbox"/> Possession of Drug/Alcohol | <input type="checkbox"/> Weapons |
| <input type="checkbox"/> Distributing Drugs/Alcohol | <input type="checkbox"/> Vandalism/Damage | <input type="checkbox"/> Tobacco Use |

DESCRIPTION OF THE INCIDENT:

See back of Page

STEPS FOR INTERVENTIONS (MUST BE COMPLETED)

- Discussion w/ Student -Notes from Student/Teacher Conference:

 Phone Call to Parent -Notes from Phone Call:

 Additional Action Taken -Notes:

Referrer's Signature: _____ Date: _____

Action(s) Taken by Administrators:

- | | | |
|--|--|--|
| <input type="checkbox"/> Conference with Student | <input type="checkbox"/> Behavioral Plan | <input type="checkbox"/> Referred to Counselor |
| <input type="checkbox"/> Conference with Parent(s) | <input type="checkbox"/> Community Service()days | <input type="checkbox"/> Student Hearing |
| <input type="checkbox"/> Out of School Suspension()days | <input type="checkbox"/> On Campus Suspension()days | |

COMMENTS:

Administrator's Signature: _____ Date: _____

Student File (Original) Parent Copy Hearing Officer Copy (if needed)

Revised 08/5/2015