

School Set Up

School Name: My School

Student Enrollment

- 2016-2017: 500
- 2015-2016: 498
- 2014-2015: 501
- 2013-2014: 511

Hispanic/Latino: 150

Non-Hispanic/ Latino: 350

Race:

- Asian: 24
- Native American: 1
- White: 227
- African American/ Black: 98
- Native Hawaiian/ Pacific Islander: 0

* As per Federal guidelines, students are not counted twice. Hispanic is considered a subgroup. Students counted as Hispanic are not counted in any other racial subgroup.

Staff Members

- Horace Mann Bond
- William T. Harris
- John Dewey (Principal)
- Maria Montessori
- Jane Adams

Number of Days School is in Session for Students

- August: 11
- September: 22
- October: 25

Student Demographics

Number	Name	Grade	Gender	Ethnicity	Race
444444	Fred Herckemer	4	M	Hispanic	Black
111111	John Doe	1	M	Non-Hispanic	Black
222222	Jane Doe	3	F	Non-Hispanic	White
111111	Mary Smith	5	F	Non-Hispanic	Asian



Elementary Office Discipline Referral Form

Student: <u>Fred Herckemer</u> Student # <u>444444</u>	Date: <u>8/29/2016</u>
Grade: K 1 2 3 <u>4</u> 5	Time of Incident: <u>12:15</u>
Classroom Teacher: <u>Horace Mann Bond</u>	Referred by: <u>Horace Mann Bond</u>
Location of Incident: (please check) <input type="checkbox"/> Restroom <input type="checkbox"/> Library <input checked="" type="checkbox"/> Playground <input type="checkbox"/> Hallway <input type="checkbox"/> Special event (field trip/assembly) <input type="checkbox"/> Bus area <input type="checkbox"/> On bus <input type="checkbox"/> Cafeteria <input type="checkbox"/> Classroom <input type="checkbox"/> Other _____	

REASON(S) FOR THE REFERRAL: (Please attach narrative of the incident if necessary.)		
<b style="text-align: center;">SAFETY Minor: <input type="checkbox"/> Physical contact Major: <input type="checkbox"/> Fighting/ Physical Aggression <input checked="" type="checkbox"/> Harassment/ Bullying <input type="checkbox"/> Property Damage/ Vandalism <input type="checkbox"/> Use/ Possession of Weapons <input type="checkbox"/> Other _____	<b style="text-align: center;">RESPECT Minor: <input type="checkbox"/> Defiance/disrespect/non-compliance <input type="checkbox"/> Inappropriate Language <input type="checkbox"/> Disruption Major: <input type="checkbox"/> Defiance/ Disrespect/ Insubordination/ Non-Compliance <input type="checkbox"/> Disruption <input type="checkbox"/> Abusive/ inappropriate Language <input type="checkbox"/> Property Damage/ Vandalism <input type="checkbox"/> Other _____	<b style="text-align: center;">RESPONSIBILITY Minor: <input type="checkbox"/> Property misuse <input type="checkbox"/> Dress Code Violation Major: <input type="checkbox"/> Inappropriate Location/ Out of Bounds Area <input type="checkbox"/> Lying/ Cheating <input type="checkbox"/> Technology violation <input type="checkbox"/> Use/ Possession of Tobacco <input type="checkbox"/> Other _____
<b style="text-align: center;">POSSIBLE MOTIVATION: <input type="checkbox"/> Attention from peers(s) <input checked="" type="checkbox"/> Attention from adult(s) <input type="checkbox"/> Avoid peer(s) <input type="checkbox"/> Avoid adult(s) <input type="checkbox"/> Avoid work <input type="checkbox"/> Obtain item <input type="checkbox"/> Don't know <input type="checkbox"/> Other _____		<b style="text-align: center;">OTHERS INVOLVED: <input type="checkbox"/> None <input checked="" type="checkbox"/> Peers <input type="checkbox"/> Staff <input type="checkbox"/> Teacher <input type="checkbox"/> Substitute <input type="checkbox"/> Unknown <input type="checkbox"/> Other _____
<b style="text-align: center;">TEACHER ACTION TAKEN PRIOR TO REFERRAL <input type="checkbox"/> Changed student's seat <input type="checkbox"/> Consulted Counselor <input type="checkbox"/> Sent previous report home <input type="checkbox"/> Conferred privately with student <input type="checkbox"/> Consulted Principal <input type="checkbox"/> Time out in the classroom <input type="checkbox"/> Met with Student Assistance Team <input type="checkbox"/> Telephoned parent/guardian <input type="checkbox"/> Other (Please specify) _____		
TYPE OF DISCIPLINE ASSIGNED BY ADMINISTRATOR:		
<input type="checkbox"/> Counselor referral <input type="checkbox"/> Out of school suspension (____ days) <input type="checkbox"/> Agency referral <input type="checkbox"/> In-school detention	<input type="checkbox"/> Time out in office <input type="checkbox"/> Loss of privilege <input checked="" type="checkbox"/> Conference with student <input type="checkbox"/> Restitution	<input type="checkbox"/> Parent contact <input type="checkbox"/> Individual instruction <input type="checkbox"/> Sent home <input type="checkbox"/> Other: _____
Parent Contacted: (Check one) <input type="checkbox"/> Call <input type="checkbox"/> Mail <input type="checkbox"/> Message <input type="checkbox"/> Email <input type="checkbox"/> Conference		
COMMENTS: (Use back if needed)		

Teacher's Signature: Horace Mann Bond Principal's Signature: John Dewey



Elementary Office Discipline Referral Form

Student: <u>Fred Herckemer</u> Student # <u>444444</u>	Date: <u>9/16/2016</u>
Grade: K 1 2 3 4 5	Time of Incident: <u>12:30</u>
Classroom Teacher: <u>Horace Mann Bond</u>	Referred by: <u>Horace Mann Bond</u>
Location of Incident: (please check) <input type="checkbox"/> Restroom <input type="checkbox"/> Library <input checked="" type="checkbox"/> Playground <input type="checkbox"/> Hallway <input type="checkbox"/> Special event (field trip/assembly) <input type="checkbox"/> Bus area <input type="checkbox"/> On bus <input type="checkbox"/> Cafeteria <input type="checkbox"/> Classroom <input type="checkbox"/> Other _____	

REASON(S) FOR THE REFERRAL: (Please attach narrative of the incident if necessary.)		
<b style="text-align: center;">SAFETY Minor: <input type="checkbox"/> Physical contact Major: <input type="checkbox"/> Fighting/ Physical Aggression <input checked="" type="checkbox"/> Harassment/ Bullying <input type="checkbox"/> Property Damage/ Vandalism <input type="checkbox"/> Use/ Possession of Weapons <input type="checkbox"/> Other _____	<b style="text-align: center;">RESPECT Minor: <input type="checkbox"/> Defiance/disrespect/non-compliance <input type="checkbox"/> Inappropriate Language <input type="checkbox"/> Disruption Major: <input type="checkbox"/> Defiance/ Disrespect/ Insubordination/ Non-Compliance <input type="checkbox"/> Disruption <input type="checkbox"/> Abusive/ inappropriate Language <input type="checkbox"/> Property Damage/ Vandalism <input type="checkbox"/> Other _____	<b style="text-align: center;">RESPONSIBILITY Minor: <input type="checkbox"/> Property misuse <input type="checkbox"/> Dress Code Violation Major: <input type="checkbox"/> Inappropriate Location/ Out of Bounds Area <input type="checkbox"/> Lying/ Cheating <input type="checkbox"/> Technology violation <input type="checkbox"/> Use/ Possession of Tobacco <input type="checkbox"/> Other _____
<b style="text-align: center;">POSSIBLE MOTIVATION: <input type="checkbox"/> Attention from peers(s) <input checked="" type="checkbox"/> Attention from adult(s) <input type="checkbox"/> Avoid peer(s) <input type="checkbox"/> Avoid adult(s) <input type="checkbox"/> Avoid work <input type="checkbox"/> Obtain item <input type="checkbox"/> Don't know <input type="checkbox"/> Other _____		<b style="text-align: center;">OTHERS INVOLVED: <input type="checkbox"/> None <input checked="" type="checkbox"/> Peers <input type="checkbox"/> Staff <input type="checkbox"/> Teacher <input type="checkbox"/> Substitute <input type="checkbox"/> Unknown <input type="checkbox"/> Other _____
<b style="text-align: center;">TEACHER ACTION TAKEN PRIOR TO REFERRAL <input type="checkbox"/> Changed student's seat <input type="checkbox"/> Consulted Counselor <input type="checkbox"/> Sent previous report home <input type="checkbox"/> Conferred privately with student <input type="checkbox"/> Consulted Principal <input type="checkbox"/> Time out in the classroom <input type="checkbox"/> Met with Student Assistance Team <input type="checkbox"/> Telephoned parent/guardian <input type="checkbox"/> Other (Please specify) _____		
TYPE OF DISCIPLINE ASSIGNED BY ADMINISTRATOR:		
<input type="checkbox"/> Counselor referral <input checked="" type="checkbox"/> Out of school suspension (<u>1</u> days) <input type="checkbox"/> Agency referral <input type="checkbox"/> In-school detention	<input type="checkbox"/> Time out in office <input type="checkbox"/> Loss of privilege <input type="checkbox"/> Conference with student <input type="checkbox"/> Restitution	<input type="checkbox"/> Parent contact <input type="checkbox"/> Individual instruction <input type="checkbox"/> Sent home <input type="checkbox"/> Other: _____
Parent Contacted: (Check one) <input type="checkbox"/> Call <input type="checkbox"/> Mail <input type="checkbox"/> Message <input type="checkbox"/> Email <input type="checkbox"/> Conference		
COMMENTS: (Use back if needed)		

Teacher's Signature: Horace M. Bond Principal's Signature: John Dewey



Elementary Office Discipline Referral Form

Student: <u>Fred Herckemer</u> Student # <u>444444</u>	Date: <u>8/29/2016</u>
Grade: K 1 2 3 4 5	Time of Incident: <u>12:15</u>
Classroom Teacher: <u>Horace Mann Bond</u>	Referred by: <u>Horace Mann Bond</u>
Location of Incident: (please check) <input type="checkbox"/> Restroom <input type="checkbox"/> Library <input type="checkbox"/> Playground <input checked="" type="checkbox"/> Hallway <input type="checkbox"/> Special event (field trip/assembly) <input type="checkbox"/> Bus area <input type="checkbox"/> On bus <input type="checkbox"/> Cafeteria <input type="checkbox"/> Classroom <input type="checkbox"/> Other _____	

REASON(S) FOR THE REFERRAL: (Please attach narrative of the incident if necessary.)		
<b style="text-align: center;">SAFETY Minor: <input type="checkbox"/> Physical contact Major: <input checked="" type="checkbox"/> Fighting/ Physical Aggression <input type="checkbox"/> Harassment/ Bullying <input type="checkbox"/> Property Damage/ Vandalism <input type="checkbox"/> Use/ Possession of Weapons <input type="checkbox"/> Other _____	<b style="text-align: center;">RESPECT Minor: <input type="checkbox"/> Defiance/disrespect/non-compliance <input type="checkbox"/> Inappropriate Language <input type="checkbox"/> Disruption Major: <input type="checkbox"/> Defiance/ Disrespect/ Insubordination/ Non-Compliance <input type="checkbox"/> Disruption <input type="checkbox"/> Abusive/ inappropriate Language <input type="checkbox"/> Property Damage/ Vandalism <input type="checkbox"/> Other _____	<b style="text-align: center;">RESPONSIBILITY Minor: <input type="checkbox"/> Property misuse <input type="checkbox"/> Dress Code Violation Major: <input type="checkbox"/> Inappropriate Location/ Out of Bounds Area <input type="checkbox"/> Lying/ Cheating <input type="checkbox"/> Technology violation <input type="checkbox"/> Use/ Possession of Tobacco <input type="checkbox"/> Other _____
POSSIBLE MOTIVATION: <input checked="" type="checkbox"/> Attention from peers(s) <input type="checkbox"/> Attention from adult(s) <input type="checkbox"/> Avoid peer(s) <input type="checkbox"/> Avoid adult(s) <input type="checkbox"/> Avoid work <input type="checkbox"/> Obtain item <input type="checkbox"/> Don't know <input type="checkbox"/> Other _____		OTHERS INVOLVED: <input type="checkbox"/> None <input checked="" type="checkbox"/> Peers <input type="checkbox"/> Staff <input type="checkbox"/> Teacher <input type="checkbox"/> Substitute <input type="checkbox"/> Unknown <input type="checkbox"/> Other _____
TEACHER ACTION TAKEN PRIOR TO REFERRAL <input type="checkbox"/> Changed student's seat <input type="checkbox"/> Consulted Counselor <input type="checkbox"/> Sent previous report home <input type="checkbox"/> Conferred privately with student <input type="checkbox"/> Consulted Principal <input type="checkbox"/> Time out in the classroom <input type="checkbox"/> Met with Student Assistance Team <input type="checkbox"/> Telephoned parent/guardian <input type="checkbox"/> Other (Please specify) _____		
TYPE OF DISCIPLINE ASSIGNED BY ADMINISTRATOR:		
<input type="checkbox"/> Counselor referral <input checked="" type="checkbox"/> Out of school suspension (3 days) <input type="checkbox"/> Agency referral <input type="checkbox"/> In-school detention	<input type="checkbox"/> Time out in office <input type="checkbox"/> Loss of privilege <input type="checkbox"/> Conference with student <input type="checkbox"/> Restitution	<input type="checkbox"/> Parent contact <input type="checkbox"/> Individual instruction <input type="checkbox"/> Sent home <input type="checkbox"/> Other: _____
Parent Contacted: (Check one) <input type="checkbox"/> Call <input type="checkbox"/> Mail <input type="checkbox"/> Message <input type="checkbox"/> Email <input type="checkbox"/> Conference		
COMMENTS: (Use back if needed)		

Teacher's Signature: Horace M. Bond Principal's Signature: John Dewey



Elementary Office Discipline Referral Form

Student: <u>John Doe</u>	Student # <u>222222</u>	Date: <u>10/13/2016</u>
Grade: K <u>1</u> 2 3 4 5	Time of Incident: <u>10:35</u>	
Classroom Teacher: <u>William T. Harris</u>	Referred by: <u>William T. Harris</u>	
Location of Incident: (please check) <input type="checkbox"/> Restroom <input checked="" type="checkbox"/> Library <input type="checkbox"/> Playground <input type="checkbox"/> Hallway <input type="checkbox"/> Special event (field trip/assembly) <input type="checkbox"/> Bus area <input type="checkbox"/> On bus <input type="checkbox"/> Cafeteria <input type="checkbox"/> Classroom <input type="checkbox"/> Other _____		

REASON(S) FOR THE REFERRAL: (Please attach narrative of the incident if necessary.)		
<b style="text-align: center;">SAFETY Minor: <input type="checkbox"/> Physical contact Major: <input type="checkbox"/> Fighting/ Physical Aggression <input type="checkbox"/> Harassment/ Bullying <input type="checkbox"/> Property Damage/ Vandalism <input type="checkbox"/> Use/ Possession of Weapons <input type="checkbox"/> Other _____	<b style="text-align: center;">RESPECT Minor: <input type="checkbox"/> Defiance/disrespect/non-compliance <input checked="" type="checkbox"/> Inappropriate Language <input type="checkbox"/> Disruption Major: <input type="checkbox"/> Defiance/ Disrespect/ Insubordination/ Non-Compliance <input type="checkbox"/> Disruption <input type="checkbox"/> Abusive/ inappropriate Language <input type="checkbox"/> Property Damage/ Vandalism <input type="checkbox"/> Other _____	<b style="text-align: center;">RESPONSIBILITY Minor: <input type="checkbox"/> Property misuse <input type="checkbox"/> Dress Code Violation Major: <input type="checkbox"/> Inappropriate Location/ Out of Bounds Area <input type="checkbox"/> Lying/ Cheating <input type="checkbox"/> Technology violation <input type="checkbox"/> Use/ Possession of Tobacco <input type="checkbox"/> Other _____
POSSIBLE MOTIVATION: <input type="checkbox"/> Attention from peers(s) <input checked="" type="checkbox"/> Attention from adult(s) <input type="checkbox"/> Avoid peer(s) <input type="checkbox"/> Avoid adult(s) <input type="checkbox"/> Avoid work <input type="checkbox"/> Obtain item <input type="checkbox"/> Don't know <input type="checkbox"/> Other _____		OTHERS INVOLVED: <input type="checkbox"/> None <input type="checkbox"/> Peers <input type="checkbox"/> Staff <input checked="" type="checkbox"/> Teacher <input type="checkbox"/> Substitute <input type="checkbox"/> Unknown <input type="checkbox"/> Other _____
TEACHER ACTION TAKEN PRIOR TO REFERRAL <input type="checkbox"/> Changed student's seat <input type="checkbox"/> Consulted Counselor <input type="checkbox"/> Sent previous report home <input type="checkbox"/> Conferred privately with student <input type="checkbox"/> Consulted Principal <input type="checkbox"/> Time out in the classroom <input type="checkbox"/> Met with Student Assistance Team <input type="checkbox"/> Telephoned parent/guardian <input type="checkbox"/> Other (Please specify) _____		
TYPE OF DISCIPLINE ASSIGNED BY ADMINISTRATOR:		
<input type="checkbox"/> Counselor referral <input type="checkbox"/> Out of school suspension (____ days) <input type="checkbox"/> Agency referral <input type="checkbox"/> In-school detention	<input type="checkbox"/> Time out in office <input type="checkbox"/> Loss of privilege <input type="checkbox"/> Conference with student <input type="checkbox"/> Restitution	<input checked="" type="checkbox"/> Parent contact <input type="checkbox"/> Individual instruction <input type="checkbox"/> Sent home <input type="checkbox"/> Other: _____
Parent Contacted: (Check one) <input type="checkbox"/> Call <input type="checkbox"/> Mail <input type="checkbox"/> Message <input type="checkbox"/> Email <input type="checkbox"/> Conference		
COMMENTS: (Use back if needed)		

Teacher's Signature: Bill Harris Principal's Signature: John Dewey



Elementary Office Discipline Referral Form

Student: <i>Jane Doe</i>	Student # 222222	Date: 9/12/2016
Grade: K 1 2 3 4 5	Time of Incident: 12:15	
Classroom Teacher: <i>Maria Montessori</i>	Referred by: <i>Maria Montessori</i>	
Location of Incident: (please check) ___ Restroom ___ Library ___ Playground ___ Hallway ___ Special event (field trip/assembly) ___ Bus area ___ On bus ___ Cafeteria <u>X</u> Classroom ___ Other _____		

REASON(S) FOR THE REFERRAL: (Please attach narrative of the incident if necessary.)		
<b style="text-align: center;">SAFETY Minor: <input type="checkbox"/> Physical contact Major: <input type="checkbox"/> Fighting/ Physical Aggression <input type="checkbox"/> Harassment/ Bullying <input type="checkbox"/> Property Damage/ Vandalism <input type="checkbox"/> Use/ Possession of Weapons <input type="checkbox"/> Other _____	<b style="text-align: center;">RESPECT Minor: <input type="checkbox"/> Defiance/disrespect/non-compliance <input type="checkbox"/> Inappropriate Language <input type="checkbox"/> Disruption Major: <input checked="" type="checkbox"/> Defiance/ Disrespect/ Insubordination/ Non-Compliance <input type="checkbox"/> Disruption <input type="checkbox"/> Abusive/ inappropriate Language <input type="checkbox"/> Property Damage/ Vandalism <input type="checkbox"/> Other _____	<b style="text-align: center;">RESPONSIBILITY Minor: <input type="checkbox"/> Property misuse <input type="checkbox"/> Dress Code Violation Major: <input type="checkbox"/> Inappropriate Location/ Out of Bounds Area <input type="checkbox"/> Lying/ Cheating <input type="checkbox"/> Technology violation <input type="checkbox"/> Use/ Possession of Tobacco <input type="checkbox"/> Other _____
POSSIBLE MOTIVATION: ___ Attention from peers(s) ___ Attention from adult(s) ___ Avoid peer(s) ___ Avoid adult(s) <u>X</u> Avoid work ___ Obtain item ___ Don't know ___ Other _____		OTHERS INVOLVED: ___ None ___ Peers ___ Staff <u>X</u> Teacher ___ Substitute ___ Unknown ___ Other
TEACHER ACTION TAKEN PRIOR TO REFERRAL ___ Changed student's seat ___ Consulted Counselor ___ Sent previous report home ___ Conferred privately with student ___ Consulted Principal ___ Time out in the classroom ___ Met with Student Assistance Team ___ Telephoned parent/guardian ___ Other (Please specify)		
TYPE OF DISCIPLINE ASSIGNED BY ADMINISTRATOR:		
<input type="checkbox"/> Counselor referral <input type="checkbox"/> Out of school suspension (___ days) <input type="checkbox"/> Agency referral <input type="checkbox"/> In-school detention	<input checked="" type="checkbox"/> Time out in office <input type="checkbox"/> Loss of privilege <input type="checkbox"/> Conference with student <input type="checkbox"/> Restitution	<input type="checkbox"/> Parent contact <input type="checkbox"/> Individual instruction <input type="checkbox"/> Sent home <input type="checkbox"/> Other: _____
Parent Contacted: (Check one) ___ Call ___ Mail ___ Message ___ Email ___ Conference		
COMMENTS: (Use back if needed)		

Teacher's Signature: *Maria Montessori* Principal's Signature: *John Dewey*

