

School Set Up

School Name: My School

Student Enrollment

- 2012-2013: 500
- 2011-2012: 498
- 2010-2011: 501
- 2009-2010: 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: <i>Fred Herckemer</i> Student #444444	Date: <i>8/29/2012</i>
Grade: K 1 2 3 4 5	Time of Incident: <i>12:15</i>
Classroom Teacher: <i>Horace Mann Bond</i>	Referred by: <i>Horace Mann Bond</i>
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.)		
<p style="text-align: center;">SAFETY</p> <p>Minor:</p> <input type="checkbox"/> Physical contact	<p style="text-align: center;">RESPECT</p> <p>Minor:</p> <input type="checkbox"/> Defiance/disrespect/non-compliance <input type="checkbox"/> Inappropriate Language <input type="checkbox"/> Disruption	<p style="text-align: center;">RESPONSIBILITY</p> <p>Minor:</p> <input type="checkbox"/> Property misuse <input type="checkbox"/> Dress Code Violation
<p>Major:</p> <input checked="" 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 _____	<p>Major:</p> <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 _____	<p>Major:</p> <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 _____
<p style="text-align: center;">POSSIBLE MOTIVATION:</p> <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 _____		<p style="text-align: center;">OTHERS INVOLVED:</p> <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
<p>TEACHER ACTION TAKEN PRIOR TO REFERRAL</p> <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)		
<p>TYPE OF DISCIPLINE ASSIGNED BY ADMINISTRATOR:</p>		
<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: _____
<p>Parent Contacted: (Check one) <input type="checkbox"/> Call <input type="checkbox"/> Mail <input type="checkbox"/> Message <input type="checkbox"/> Email <input type="checkbox"/> Conference</p>		
<p>COMMENTS: (Use back if needed)</p>		

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



Elementary Office Discipline Referral Form

Student: <i>Fred Herckemer</i> Student #444444	Date: <i>9/16/2012</i>
Grade: K 1 2 3 4 5	Time of Incident: <i>12:30</i>
Classroom Teacher: <i>Horace Mann Bond</i>	Referred by: <i>Horace Mann Bond</i>
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.)		
<p style="text-align: center;">SAFETY</p> <p>Minor:</p> <input type="checkbox"/> Physical contact	<p style="text-align: center;">RESPECT</p> <p>Minor:</p> <input type="checkbox"/> Defiance/disrespect/non-compliance <input type="checkbox"/> Inappropriate Language <input type="checkbox"/> Disruption	<p style="text-align: center;">RESPONSIBILITY</p> <p>Minor:</p> <input type="checkbox"/> Property misuse <input type="checkbox"/> Dress Code Violation
<p>Major:</p> <input checked="" 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 _____	<p>Major:</p> <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 _____	<p>Major:</p> <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 _____
<p style="text-align: center;">POSSIBLE MOTIVATION:</p> <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 _____		<p style="text-align: center;">OTHERS INVOLVED:</p> <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
<p>TEACHER ACTION TAKEN PRIOR TO REFERRAL</p> <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) _____		
<p>TYPE OF DISCIPLINE ASSIGNED BY ADMINISTRATOR:</p>		
<input type="checkbox"/> Counselor referral <input checked="" type="checkbox"/> Out of school suspension (1 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: _____
<p>Parent Contacted: (Check one) <input type="checkbox"/> Call <input type="checkbox"/> Mail <input type="checkbox"/> Message <input type="checkbox"/> Email <input type="checkbox"/> Conference</p>		
<p>COMMENTS: (Use back if needed)</p>		

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



Elementary Office Discipline Referral Form

Student: <i>Fred Herckemer</i> Student #444444	Date: <i>8/29/2012</i>
Grade: K 1 2 3 4 5	Time of Incident: <i>12:15</i>
Classroom Teacher: <i>Horace Mann Bond</i>	Referred by: <i>Horace Mann Bond</i>
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.)		
<p style="text-align: center;">SAFETY</p> <p>Minor:</p> <input type="checkbox"/> Physical contact	<p style="text-align: center;">RESPECT</p> <p>Minor:</p> <input type="checkbox"/> Defiance/disrespect/non-compliance <input type="checkbox"/> Inappropriate Language <input type="checkbox"/> Disruption	<p style="text-align: center;">RESPONSIBILITY</p> <p>Minor:</p> <input type="checkbox"/> Property misuse <input type="checkbox"/> Dress Code Violation
<p>Major:</p> <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 _____	<p>Major:</p> <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 _____	<p>Major:</p> <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 _____
<p style="text-align: center;">POSSIBLE MOTIVATION:</p> <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 _____		<p style="text-align: center;">OTHERS INVOLVED:</p> <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
<p>TEACHER ACTION TAKEN PRIOR TO REFERRAL</p> <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) _____		
<p>TYPE OF DISCIPLINE ASSIGNED BY ADMINISTRATOR:</p>		
<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: _____
<p>Parent Contacted: (Check one) <input type="checkbox"/> Call <input type="checkbox"/> Mail <input type="checkbox"/> Message <input type="checkbox"/> Email <input type="checkbox"/> Conference</p>		
<p>COMMENTS: (Use back if needed)</p>		

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



Elementary Office Discipline Referral Form

Student: <i>John Doe</i>	Student # <i>222222</i>	Date: <i>10/13/2012</i>
Grade: K 1 2 3 4 5	Time of Incident: <i>10:35</i>	
Classroom Teacher: <i>William T. Harris</i>	Referred by: <i>William T. Harris</i>	
Location of Incident: (please check)		
<input type="checkbox"/> Restroom	<input checked="" type="checkbox"/> Library	<input type="checkbox"/> Playground
<input type="checkbox"/> Bus area	<input type="checkbox"/> On bus	<input type="checkbox"/> Cafeteria
<input type="checkbox"/> Hallway	<input type="checkbox"/> Classroom	<input type="checkbox"/> Special event (field trip/assembly)
<input type="checkbox"/> Other _____		

REASON(S) FOR THE REFERRAL: (Please attach narrative of the incident if necessary.)		
<p style="text-align: center;">SAFETY</p> <p>Minor:</p> <input type="checkbox"/> Physical contact	<p style="text-align: center;">RESPECT</p> <p>Minor:</p> <input type="checkbox"/> Defiance/disrespect/non-compliance <input checked="" type="checkbox"/> Inappropriate Language <input type="checkbox"/> Disruption	<p style="text-align: center;">RESPONSIBILITY</p> <p>Minor:</p> <input type="checkbox"/> Property misuse <input type="checkbox"/> Dress Code Violation
<p>Major:</p> <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 _____	<p>Major:</p> <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 _____	<p>Major:</p> <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 _____
<p style="text-align: center;">POSSIBLE MOTIVATION:</p> <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 _____		<p style="text-align: center;">OTHERS INVOLVED:</p> <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
<p>TEACHER ACTION TAKEN PRIOR TO REFERRAL</p> <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)		
<p>TYPE OF DISCIPLINE ASSIGNED BY ADMINISTRATOR:</p>		
<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: _____
<p>Parent Contacted: (Check one) <input type="checkbox"/> Call <input type="checkbox"/> Mail <input type="checkbox"/> Message <input type="checkbox"/> Email <input type="checkbox"/> Conference</p>		
<p>COMMENTS: (Use back if needed)</p>		

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



Elementary Office Discipline Referral Form

Student: <i>Jane Doe</i>	Student # 222222	Date: 9/12/2012
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)		
<input type="checkbox"/> Restroom	<input type="checkbox"/> Library	<input type="checkbox"/> Playground
<input type="checkbox"/> Bus area	<input type="checkbox"/> On bus	<input type="checkbox"/> Cafeteria
<input type="checkbox"/> Hallway	<input checked="" type="checkbox"/> Classroom	<input type="checkbox"/> Special event (field trip/assembly)
<input type="checkbox"/> Other _____		

REASON(S) FOR THE REFERRAL: (Please attach narrative of the incident if necessary.)

SAFETY	RESPECT	RESPONSIBILITY
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 _____	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 _____	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) <input checked="" type="checkbox"/> Avoid work ___ Obtain item ___ Don't know ___ Other _____	OTHERS INVOLVED: ___ None ___ Peers ___ Staff <input checked="" type="checkbox"/> Teacher ___ Substitute ___ Unknown ___ Other _____
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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 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: _____
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Parent Contacted: (Check one) ___ Call ___ Mail ___ Message ___ Email ___ Conference

COMMENTS: (Use back if needed)

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



Elementary Office Discipline Referral Form

Student: <i>Fred Herckemer</i> Student #444444	Date: <i>8/29/2012</i>
Grade: K 1 2 3 4 5	Time of Incident: <i>12:25</i>
Classroom Teacher: <i>Horace Mann Bond</i>	Referred by: <i>Horace Mann Bond</i>
Location of Incident: (please check) <input type="checkbox"/> Restroom <input 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 checked="" type="checkbox"/> Cafeteria <input type="checkbox"/> Classroom <input type="checkbox"/> Other _____	

REASON(S) FOR THE REFERRAL: (Please attach narrative of the incident if necessary.)		
<p style="text-align: center;">SAFETY</p> <p>Minor:</p> <input type="checkbox"/> Physical contact	<p style="text-align: center;">RESPECT</p> <p>Minor:</p> <input type="checkbox"/> Defiance/disrespect/non-compliance <input type="checkbox"/> Inappropriate Language <input type="checkbox"/> Disruption	<p style="text-align: center;">RESPONSIBILITY</p> <p>Minor:</p> <input type="checkbox"/> Property misuse <input type="checkbox"/> Dress Code Violation
<p>Major:</p> <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 _____	<p>Major:</p> <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 _____	<p>Major:</p> <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 _____
<p style="text-align: center;">POSSIBLE MOTIVATION:</p> <input type="checkbox"/> Attention from peers(s) <input type="checkbox"/> Attention from adult(s) <input checked="" 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 _____		<p style="text-align: center;">OTHERS INVOLVED:</p> <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
<p>TEACHER ACTION TAKEN PRIOR TO REFERRAL</p> <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)		
<p>TYPE OF DISCIPLINE ASSIGNED BY ADMINISTRATOR:</p>		
<input type="checkbox"/> Counselor referral <input checked="" type="checkbox"/> Out of school suspension (5 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: _____
<p>Parent Contacted: (Check one) <input type="checkbox"/> Call <input type="checkbox"/> Mail <input type="checkbox"/> Message <input type="checkbox"/> Email <input type="checkbox"/> Conference</p>		
<p>COMMENTS: (Use back if needed)</p>		

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



Elementary Office Discipline Referral Form

Student: <i>Jane Doe</i>	Student # <i>222222</i>	Date: <i>9/14/2012</i>
Grade: K 1 2 3 4 5	Time of Incident: <i>10:30</i>	
Classroom Teacher:	Referred by: <i>Maria Montessori</i>	
Location of Incident: (please check)		
<input type="checkbox"/> Restroom	<input type="checkbox"/> Library	<input type="checkbox"/> Playground
<input type="checkbox"/> Bus area	<input type="checkbox"/> On bus	<input type="checkbox"/> Cafeteria
<input type="checkbox"/> Hallway	<input checked="" type="checkbox"/> Classroom	<input type="checkbox"/> Special event (field trip/assembly)
<input type="checkbox"/> Other _____		

REASON(S) FOR THE REFERRAL: (Please attach narrative of the incident if necessary.)		
<p style="text-align: center;">SAFETY</p> <p>Minor:</p> <input type="checkbox"/> Physical contact	<p style="text-align: center;">RESPECT</p> <p>Minor:</p> <input type="checkbox"/> Defiance/disrespect/non-compliance <input type="checkbox"/> Inappropriate Language <input checked="" type="checkbox"/> Disruption	<p style="text-align: center;">RESPONSIBILITY</p> <p>Minor:</p> <input type="checkbox"/> Property misuse <input type="checkbox"/> Dress Code Violation
<p>Major:</p> <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 _____	<p>Major:</p> <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 _____	<p>Major:</p> <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 _____
<p style="text-align: center;">POSSIBLE MOTIVATION:</p> <input 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 checked="" type="checkbox"/> Avoid work <input type="checkbox"/> Obtain item <input type="checkbox"/> Don't know <input type="checkbox"/> Other _____		<p style="text-align: center;">OTHERS INVOLVED:</p> <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
<p>TEACHER ACTION TAKEN PRIOR TO REFERRAL</p> <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 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: _____
<p>Parent Contacted: (Check one) <input type="checkbox"/> Call <input type="checkbox"/> Mail <input type="checkbox"/> Message <input type="checkbox"/> Email <input type="checkbox"/> Conference</p>		
<p>COMMENTS: (Use back if needed)</p>		

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



Elementary Office Discipline Referral Form

Student: <i>John Doe</i>	Student # <i>111111</i>	Date: <i>10/22/2012</i>
Grade: K 1 2 3 4 5	Time of Incident: <i>10:15</i>	
Classroom Teacher: <i>William T. Harris</i>	Referred by: <i>William T. Harris</i>	
Location of Incident: (please check)		
<input type="checkbox"/> Restroom	<input checked="" type="checkbox"/> Library	<input type="checkbox"/> Playground
<input type="checkbox"/> Bus area	<input type="checkbox"/> On bus	<input type="checkbox"/> Cafeteria
<input type="checkbox"/> Hallway	<input type="checkbox"/> Classroom	<input type="checkbox"/> Special event (field trip/assembly)
<input type="checkbox"/> Other _____		

REASON(S) FOR THE REFERRAL: (Please attach narrative of the incident if necessary.)		
<p style="text-align: center;">SAFETY</p> <p>Minor:</p> <input type="checkbox"/> Physical contact	<p style="text-align: center;">RESPECT</p> <p>Minor:</p> <input type="checkbox"/> Defiance/disrespect/non-compliance <input type="checkbox"/> Inappropriate Language <input checked="" type="checkbox"/> Disruption	<p style="text-align: center;">RESPONSIBILITY</p> <p>Minor:</p> <input type="checkbox"/> Property misuse <input type="checkbox"/> Dress Code Violation
<p>Major:</p> <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 _____	<p>Major:</p> <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 _____	<p>Major:</p> <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 _____
<p style="text-align: center;">POSSIBLE MOTIVATION:</p> <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 _____		<p style="text-align: center;">OTHERS INVOLVED:</p> <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
<p>TEACHER ACTION TAKEN PRIOR TO REFERRAL</p> <input checked="" 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)		
<p>TYPE OF DISCIPLINE ASSIGNED BY ADMINISTRATOR:</p>		
<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: _____
<p>Parent Contacted: (Check one) <input type="checkbox"/> Call <input type="checkbox"/> Mail <input type="checkbox"/> Message <input type="checkbox"/> Email <input type="checkbox"/> Conference</p>		
<p>COMMENTS: (Use back if needed)</p>		

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



Elementary Office Discipline Referral Form

Student: <i>Jane Doe</i>	Student # <i>222222</i>	Date: <i>10/20/2012</i>
Grade: K 1 2 3 4 5	Time of Incident: <i>10:30</i>	
Classroom Teacher:		Referred by: <i>Maria Montessori</i>
Location of Incident: (please check)		
<input type="checkbox"/> Restroom	<input type="checkbox"/> Library	<input type="checkbox"/> Playground
<input type="checkbox"/> Bus area	<input type="checkbox"/> On bus	<input type="checkbox"/> Cafeteria
<input type="checkbox"/> Hallway	<input checked="" type="checkbox"/> Classroom	<input type="checkbox"/> Special event (field trip/assembly)
<input type="checkbox"/> Other _____		

REASON(S) FOR THE REFERRAL: (Please attach narrative of the incident if necessary.)		
<p style="text-align: center;">SAFETY</p> <p>Minor:</p> <input type="checkbox"/> Physical contact	<p style="text-align: center;">RESPECT</p> <p>Minor:</p> <input type="checkbox"/> Defiance/disrespect/non-compliance <input type="checkbox"/> Inappropriate Language <input checked="" type="checkbox"/> Disruption	<p style="text-align: center;">RESPONSIBILITY</p> <p>Minor:</p> <input type="checkbox"/> Property misuse <input type="checkbox"/> Dress Code Violation
<p>Major:</p> <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 _____	<p>Major:</p> <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 _____	<p>Major:</p> <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 _____
<p style="text-align: center;">POSSIBLE MOTIVATION:</p> <input 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 checked="" type="checkbox"/> Avoid work <input type="checkbox"/> Obtain item <input type="checkbox"/> Don't know <input type="checkbox"/> Other _____		<p style="text-align: center;">OTHERS INVOLVED:</p> <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
<p>TEACHER ACTION TAKEN PRIOR TO REFERRAL</p> <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)		
<p>TYPE OF DISCIPLINE ASSIGNED BY ADMINISTRATOR:</p>		
<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: _____
<p>Parent Contacted: (Check one) <input type="checkbox"/> Call <input type="checkbox"/> Mail <input type="checkbox"/> Message <input type="checkbox"/> Email <input type="checkbox"/> Conference</p>		
<p>COMMENTS: (Use back if needed)</p>		

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



Elementary Office Discipline Referral Form

Student: <i>Jane Doe</i>	Student # 222222	Date: 10/31/2012
Grade: K 1 2 3 4 5		Time of Incident: 12:30
Classroom Teacher:		Referred by: <i>Maria Montessori</i>
Location of Incident: (please check)		
<input type="checkbox"/> Restroom <input 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 checked="" type="checkbox"/> Classroom <input type="checkbox"/> Other _____		

REASON(S) FOR THE REFERRAL: (Please attach narrative of the incident if necessary.)		
<p style="text-align: center;">SAFETY</p> <p>Minor:</p> <input type="checkbox"/> Physical contact	<p style="text-align: center;">RESPECT</p> <p>Minor:</p> <input type="checkbox"/> Defiance/disrespect/non-compliance <input type="checkbox"/> Inappropriate Language <input checked="" type="checkbox"/> Disruption	<p style="text-align: center;">RESPONSIBILITY</p> <p>Minor:</p> <input type="checkbox"/> Property misuse <input type="checkbox"/> Dress Code Violation
<p>Major:</p> <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 _____	<p>Major:</p> <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 _____	<p>Major:</p> <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 _____
<p style="text-align: center;">POSSIBLE MOTIVATION:</p> <input 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 checked="" type="checkbox"/> Avoid work <input type="checkbox"/> Obtain item <input type="checkbox"/> Don't know <input type="checkbox"/> Other _____		<p style="text-align: center;">OTHERS INVOLVED:</p> <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 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) <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: *Maria Montessori* Principal's Signature: *John Dewey*

