

## School Set Up

School Name: My School

Student Enrollment

- 2017-2018 500
- 2016-2017: 498
- 2015-2016: 501
- 2014-2015: 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
- Students with IEPs: 60

\* 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	IEP
444444	Fred Herckemer	4	M	Hispanic	Black	Yes
111111	John Doe	1	M	Non- Hispanic	Black	No
222222	Jane Doe	3	F	Non-Hispanic	White	No
333333	Mary Smith	5	F	Non- Hispanic	Asian	Yes



## Elementary Office Discipline Referral Form

Student: <u>Fred Herckemer</u> Student # <u>444444</u>	Date: <u>8/29/2017</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</b>  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</b>  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</b>  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>POSSIBLE MOTIVATION:</b> <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>OTHERS INVOLVED:</b> <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>TEACHER ACTION TAKEN PRIOR TO REFERRAL</b> <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>9/16/2017</u>
Grade: K   1   2   3 <u>4</u> 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</b>  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</b>  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</b>  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:</b> <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:</b> <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</b> <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>8/29/2017</u>
Grade: K 1 2 3 <b>4</b> 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) ___ Restroom    ___ Library    ___ Playground <u>X</u> Hallway    ___ Special event (field trip/assembly) ___ Bus area    ___ On bus    ___ Cafeteria    ___ Classroom    ___ Other _____	

REASON(S) FOR THE REFERRAL: (Please attach narrative of the incident if necessary.)		
<p style="text-align: center;"><b>SAFETY</b></p> <p>Minor:</p> <p><input type="checkbox"/> Physical contact</p> <p>Major:</p> <p><input checked="" type="checkbox"/> Fighting/ Physical Aggression</p> <p><input type="checkbox"/> Harassment/ Bullying</p> <p><input type="checkbox"/> Property Damage/ Vandalism</p> <p><input type="checkbox"/> Use/ Possession of Weapons</p> <p><input type="checkbox"/> Other _____</p>	<p style="text-align: center;"><b>RESPECT</b></p> <p>Minor:</p> <p><input type="checkbox"/> Defiance/disrespect/non-compliance</p> <p><input type="checkbox"/> Inappropriate Language</p> <p><input type="checkbox"/> Disruption</p> <p>Major:</p> <p><input type="checkbox"/> Defiance/ Disrespect/ Insubordination/ Non-Compliance</p> <p><input type="checkbox"/> Disruption</p> <p><input type="checkbox"/> Abusive/ inappropriate Language</p> <p><input type="checkbox"/> Property Damage/ Vandalism</p> <p><input type="checkbox"/> Other _____</p>	<p style="text-align: center;"><b>RESPONSIBILITY</b></p> <p>Minor:</p> <p><input type="checkbox"/> Property misuse</p> <p><input type="checkbox"/> Dress Code Violation</p> <p>Major:</p> <p><input type="checkbox"/> Inappropriate Location/ Out of Bounds Area</p> <p><input type="checkbox"/> Lying/ Cheating</p> <p><input type="checkbox"/> Technology violation</p> <p><input type="checkbox"/> Use/ Possession of Tobacco</p> <p><input type="checkbox"/> Other _____</p>
<p style="text-align: center;"><b>POSSIBLE MOTIVATION:</b></p> <p><u>X</u> Attention from peers(s)    ___ Attention from adult(s)</p> <p>___ Avoid peer(s)    ___ Avoid adult(s)    ___ Avoid work</p> <p>___ Obtain item    ___ Don't know    ___ Other _____</p>		<p style="text-align: center;"><b>OTHERS INVOLVED:</b></p> <p>___ None    <u>X</u> Peers    ___ Staff    ___ Teacher</p> <p>___ Substitute    ___ Unknown    ___ Other</p>
<p style="text-align: center;"><b>TEACHER ACTION TAKEN PRIOR TO REFERRAL</b></p> <p>___ Changed student's seat    ___ Consulted Counselor    ___ Sent previous report home</p> <p>___ Conferred privately with student    ___ Consulted Principal    ___ Time out in the classroom</p> <p>___ Met with Student Assistance Team    ___ Telephoned parent/guardian    ___ Other (Please specify)</p>		
<p style="text-align: center;"><b>TYPE OF DISCIPLINE ASSIGNED BY ADMINISTRATOR:</b></p>		
<p><input type="checkbox"/> Counselor referral</p> <p><input checked="" type="checkbox"/> Out of school suspension (3 days)</p> <p><input type="checkbox"/> Agency referral</p> <p><input type="checkbox"/> In-school detention</p>	<p><input type="checkbox"/> Time out in office</p> <p><input type="checkbox"/> Loss of privilege</p> <p><input type="checkbox"/> Conference with student</p> <p><input type="checkbox"/> Restitution</p>	<p><input type="checkbox"/> Parent contact</p> <p><input type="checkbox"/> Individual instruction</p> <p><input type="checkbox"/> Sent home</p> <p><input type="checkbox"/> Other: _____</p>
<p>Parent Contacted: (Check one)    ___ Call    ___ Mail    ___ Message    ___ Email    ___ 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: <u>John Doe</u>	Student # <u>222222</u>	Date: <u>10/13/2017</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</b>  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</b>  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</b>  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:</b> <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:</b> <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 _____
<b style="text-align: center;">TEACHER ACTION TAKEN PRIOR TO REFERRAL</b> <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 # <i>222222</i>	Date: <i>9/12/2017</i>
Grade: K 1 2 <b>3</b> 4 5	Time of Incident: <i>12:15</i>	
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"/> 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.)		
<b style="text-align: center;">SAFETY</b>  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</b>  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</b>  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>POSSIBLE MOTIVATION:</b> <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 _____		<b>OTHERS INVOLVED:</b> <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 _____
<b>TEACHER ACTION TAKEN PRIOR TO REFERRAL</b> <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*

