

DISCIPLINARY REFERRAL USD #286 Sedan Schools 416 E. Elm Sedan, Kansas 67361 Phone: 316-725-5611 (Elem.) 316-725-3186 (H.S.)	STUDENT'S NAME	SEX	GRADE	DATE
	TEACHER'S NAME	M F	TIME	SUBJECT
	NOTICE TO PARENTS This report is to inform you of a disciplinary incident involving the student. You are urged to both appreciate the action taken and to cooperate with the corrective action.			

TEACHER'S REASON(S) FOR REFERRAL TO OFFICE

<input type="checkbox"/> Disrupting Educational Process	<input type="checkbox"/> Breaking School Rules Repeatedly	<input type="checkbox"/> Fighting <input type="checkbox"/> Provoking Fight
<input type="checkbox"/> Failure to Report to Detention	<input type="checkbox"/> Stealing	<input type="checkbox"/> Destructive to School Property
<input type="checkbox"/> Rude, Discourteous	<input type="checkbox"/> Threats by Word or Deed (Intimidation)	<input type="checkbox"/> Use/Possession Tobacco - Alcohol - Drugs
<input type="checkbox"/> Lack of Cooperation	<input type="checkbox"/> Skipping School <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third	<input type="checkbox"/> Out of Bldg. Without Permission
<input type="checkbox"/> Use of Vulgarity-Profanity	<input type="checkbox"/> Open Defiance	<input type="checkbox"/> Other

Explanation: _____

TEACHER'S ACTION TAKEN PRIOR TO REFERRAL

<input type="checkbox"/> Held Conference with Student	<input type="checkbox"/> Changed Student's Seat	<input type="checkbox"/> Consulted Principal
<input type="checkbox"/> Assigned to 8th Hour	<input type="checkbox"/> Telephoned Parent Date-_____ Time: _____	<input type="checkbox"/> Consulted Counselor
<input type="checkbox"/> Sent Previous Report Home	<input type="checkbox"/> Held Conference with Parent Date-_____ Time-_____	<input type="checkbox"/> Checked Student's Folder

Explanation: _____

OPPORTUNITY FOR STUDENT COMMENT

_____ Student's Signature _____ Date

OPPORTUNITY FOR PARENT'S COMMENT

_____ Parent's Signature _____ Date

STUDENT CONFERENCE/HEARING HELD: DATE: _____ TIME: _____

ADMINISTRATIVE ACTION AND RECOMMENDATION(S)

<input type="checkbox"/> Student Placed on Probation	<input type="checkbox"/> In-School Suspension Dates _____	<input type="checkbox"/> Proposed Long Term Suspension
<input type="checkbox"/> Student Will Make Up ____ Hours	<input type="checkbox"/> Out of School Suspension Dates _____	<input type="checkbox"/> Proposed Expulsion
<input type="checkbox"/> Recurring Incidents Will Be Reported	<input type="checkbox"/> Assigned _____ Hours Detention	<input type="checkbox"/> Other

Explanation- _____

<input type="checkbox"/> Parent Contacted by Phone: Date-_____ Time-_____	_____
<input type="checkbox"/> Parent Written About Incident: Date-_____ Time-_____	Action By
<input type="checkbox"/> Parental Conference Requested _____	_____
Date Time Place	Title
<input type="checkbox"/> Student Regrets Incident, Cooperative	