



Disciplinary Referral Form

Date received	___/___/___
Date returned	___/___/___
Date of data entry	___/___/___

Student's Name Last _____ First _____ Middle _____ Grade _____

Date of Incident ___/___/___ Time/Pd: _____ Staff Member _____

Location of Incident

- Bathroom
- Bus
- Cafeteria
- Classroom
- Common Area
- Gym/Locker room

STAFF REPORT

- Hallway
- Library/Media
- Office
- Playground
- HCPSS Event
- Other _____

Behavior-Related Offenses (Events/Concerns) Please check the appropriate offense(s) below.

- | | | |
|---|---|--|
| <input type="checkbox"/> Academic dishonesty/plagiarism | Drug violation | <input type="checkbox"/> Hazing |
| <input type="checkbox"/> Alcohol violation | <input type="checkbox"/> Controlled substances | <input type="checkbox"/> Indecent exposure |
| <input type="checkbox"/> Arson/fire violation | <input type="checkbox"/> Inhalants | <input type="checkbox"/> Leaving school grounds (class) without permission |
| <input type="checkbox"/> Assault and/or battery on staff (attack adult) | Electronics | <input type="checkbox"/> Serious bodily harm |
| <input type="checkbox"/> Attack student | <input type="checkbox"/> Computer/communication misuse | <input type="checkbox"/> Sexual activity |
| <input type="checkbox"/> Bullying/cyberbullying/harassment/intimidation | <input type="checkbox"/> Personal communication device | <input type="checkbox"/> Sexual attack |
| <input type="checkbox"/> Class cutting | <input type="checkbox"/> Explosives | <input type="checkbox"/> Sexual discrimination (harassment) |
| <input type="checkbox"/> Destruction of property/vandalism | <input type="checkbox"/> Extortion | <input type="checkbox"/> Stalking |
| <input type="checkbox"/> Discrimination | <input type="checkbox"/> Failure to serve assigned consequences | <input type="checkbox"/> Tardiness |
| <input type="checkbox"/> Disrespect: adult or peer | <input type="checkbox"/> False alarms/bomb threats | <input type="checkbox"/> Theft |
| <input type="checkbox"/> Disruption: classroom or school | <input type="checkbox"/> Fighting | <input type="checkbox"/> Threat to adults |
| <input type="checkbox"/> Dress code | <input type="checkbox"/> Gambling | <input type="checkbox"/> Threat to students |
| | <input type="checkbox"/> Gang activity | <input type="checkbox"/> Tobacco violation |
| | | <input type="checkbox"/> Trespassing violation |
| | | <input type="checkbox"/> Truancy |
| | | Weapons Violation |
| | | <input type="checkbox"/> Firearms |
| | | <input type="checkbox"/> Other guns |
| | | <input type="checkbox"/> Other weapons |

Description of incident

Previous Interventions (List dates interventions attempted)

- | | |
|--|---|
| <input type="checkbox"/> Student conference _____ | <input type="checkbox"/> Referral to IIT/SST _____ |
| <input type="checkbox"/> Parent/Guardian contact _____ | <input type="checkbox"/> Behavior plan/contract _____ |
| <input type="checkbox"/> Detention _____ | <input type="checkbox"/> Restorative Practices _____ |
| | <input type="checkbox"/> Other _____ |

Staff signature _____ Check (✓) to request conference with administrator.

ADMINISTRATIVE ACTION

Assigned Interventions and consequences

- | | | |
|--|--|---|
| <input type="checkbox"/> Bus suspension | <input type="checkbox"/> Parent/guardian contact | <input type="checkbox"/> SST/IIT referral |
| From _____ To _____ # of days _____ | <input type="checkbox"/> Parking privilege revoked/suspended | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Conference with _____ | <input type="checkbox"/> SRO/Police contact | <input type="checkbox"/> Suspension <input type="checkbox"/> In-school <input type="checkbox"/> Out-of-school |
| <input type="checkbox"/> Detention (specify) AM PM Lunch | <input type="checkbox"/> Evening school | From _____ To _____ # of days _____ |
| <input type="checkbox"/> Exclusion from _____ | <input type="checkbox"/> Schedule change | <input type="checkbox"/> To superintendent |
| <input type="checkbox"/> In-School intervention | <input type="checkbox"/> School counselor referral | |
| From _____ To _____ # of days _____ | | |

Comments

MSDE Offense _____ See back of page for list of offenses.

MSDE Disposition _____ See back of page for list of dispositions.

Administrative signature _____	Date _____	Student signature _____	Date _____	<input type="checkbox"/> Parent/guardian signature _____	Date _____
				(if box is checked)	

MSDE OFFENSES

Select the offense that best describes the incident for which the student was disciplined. The following offenses may occur in school, on school property, at school sponsored activities, or on school provided transportation. Write this in the space provided.

Academic Dishonesty/Plagiarism-801
Alcohol-201
Arson/Fire-501
Bullying/Harassment-407
Class Cutting-101
Disruption-704
Destruction of Property/vandalism-806
Disrespect-701
Dress Code-706
Drugs/Controlled Substances-203
Explosives-503
Extortion-406
False Alarm/Bomb Threat-502
Fighting-405
Firearms-301
Inappropriate Use of Personal Electronics-802
Inhalants-202
Other Guns-302
Other Weapons-303
Attack-Student-401
Attack-Teacher/Staff-402
Serious Bodily Injury-408
Sexual Activity-603
Sexual Attack-601
Sexual Harassment-602
Tardiness-102
Theft-803
Threat to adult-403
Threat to student-404
Tobacco-204
Trespassing-804
Truancy-103

For students with disabilities only IDEA defines weapon and drug disciplinary offenses differently from the MSDE definition. The following codes can only be reported for students with disabilities when weapons or drugs are involved.

891-Sells/Solicits Controlled Substance - Controlled substance means a drug or other substance identified under the schedules of controlled substances in 21 U.S.C. §812; 21 C.F.R. pt. 1308.

892-Possesses/Uses Illegal Drugs - Illegal drugs are defined as a controlled substance but do not include a substance that is legally possessed, used under the supervision of a licensed health-care professional, or used under any other authority under the Controlled Substance Act or under any other provision of federal law. **Do not include the possession or use of alcohol or tobacco.**

893-Bringing or possessing a Firearm onto school property or to a School sponsored activity - Firearm means a weapon, device, instrument, material, or substance (animate or inanimate), that is used for, or is readily capable of, causing death or serious bodily injury. Firearm does not include a pocketknife with a blade less than 2 1/2 inches in length. (See 18 U.S.C. §930)

MSDE DISPOSITIONS

*Select the disposition that best describes action taken in response to the offense. Write this in the space provided. **Bold codes are only valid for students with disabilities.***

910-Out of School Short Term or long term Suspension-Educational Services Provided

911-Out-of-School Suspension-Educational Services Provided

912-Out-of-School Suspension-Students with Disabilities- misconduct determined to be manifestation of disability

913-Out-of-School Suspension-Educational services offered and rejected by student

920-Out-of-School suspension-Students with Disabilities – 45 School Days-Unilateral Removal

930-Out-of-School Suspension-Hearing Officer Removal-students with disabilities only

940-Expulsion-Educational services provided

941-Expulsion-Educational services rejected (withdrawn)

942-Expulsion-No educational services offered (withdrawn) not valid for students with disabilities

950-Health Related Exclusion

960-In-School Suspension