

Discipline Form - Initial

Please Email yourself a copy of this form submission for your records.

Referring Staff *

Date *

Time *

Student's First Name *

Student's Last Name *

Grade Level *

Location of incident:

- Auditorium
- Bathroom
- Bus
- Bus Loading Zone
- Cafeteria
- Classroom
- Commons
- Gym/Locker Room
- Hallway
- Library/Media Center
- Office
- Parking Lot
- Playground
- Special Event/Field Trip
- Stairs

Inappropriate Behavior

- Bullying
- Cheating
- Defiance
- Disrespect
- Disruption of class/school
- Dress code violation
- Inappropriate language
- Lying
- Physical contact
- Skip class/truancy
- Tardy
- Teasing

Disciplinary Action

If other please specify _____

- Change seating
- Conference with Parent
- Detention
- Loss of privilege
- Parent contact
- Time in office
- Other

If Detention was assigned, enter the date and time.

Date _____

Time _____

If the Parent was contacted, enter the date, time, and method of contact.

Date _____

Time _____

Method of Contact

- Email
- Home visit
- Letter (mail)
- Letter (via student)
- Phone call

Enter any comments here.