

## LOUISIANA DEPARTMENT OF EDUCATION SCHOOL BUS BEHAVIOR REPORT

In accordance with R.S. 17:416, the purpose of this report is to inform parents/guardians of a behavioral incident on the school bus, at a bus stop or in the bus loading zone at the school, and of subsequent disciplinary action taken by school officials. Because this or other incidents may jeopardize the safety or well-being of the named student, the School Bus Operator or other persons, parents are urged to discuss the incident and possible implications with the student to prevent further occurrences. Students and parents are reminded that bus riding privileges may be revoked at any time deemed necessary for the safety of school bus passengers or other citizens.

lame of Student						Grade	
lame of Bus Driver/Staff	Phone	Phone Bus Number					
Name of Principal							
heck One: 🗖 Regular Educa	ation 🗖 504 🗖 Specia	l Education Date of Incid	ent	Time		Location	
Time Code:	04 During School Activity Trip,	05 To/From School, 06 At Bus	Stop or Transfer Stati	on			
Location Code:	06 School Bus, 07 At Bus Stop	p or Transfer Station, 99 Othe	r				
		INFRACTION / REASO	N CODES (Check	all that appl	y)		
01. Willful disobedience 02. Treats an authority wit	th disrespect	11. Cuts, defaces, or in buildings/vandalis	m			Takes another's property or possessions without permission	
<ul><li>Makes an unfounded of</li><li>Uses profane and/or of</li></ul>		12. Writes profane an obscene pictures		-		Commits any other serious offense Bullying (complete Bullying Behavior Checklist)	
05.   Commits immoral or v	icious practices	15. Throws missiles lie	•			Cyber Bullying (complete Bullying Behavior Checklist)	
06.  Conduct or habits inju	rious to his/her associates	<ol> <li>Instigates or particular school supervision</li> </ol>				Forgery	
08.  Uses or possesses toba		17. U Violates traffic and				Gambling	
<ol><li>Uses or possesses alco</li></ol>	•	18. Leaves school premi	■ Leaves school premises or classroom without permission			Unauthorized use of Technology	
10. Disturbs the school or	habitually violates any rule	19. <b>I</b> Is habitually tardy	and/or absent			Improper dress False Report	
REMARKS/DESCRIPTION OF IN	NCIDENT:						
		ACTION(S) TAKEN B	Y SCHOOL BUS	OPERATOR			
The student named above is he behavioral referral(s). I have ta		iate behavior as indicated in	this report. This is th	ne student's	1 <sup>st</sup> 2 <sup>nd</sup>	3 <sup>rd</sup> 4 <sup>th</sup> 5 <sup>th</sup> (circle one) or other cumulativ	
11  Referred to Office		120 Discussed Behav	ior with Student		173	Discussed Behavior with Parent or Guardian	
.75 Participated in Confere	nce with School Administrat						
Date of Referral:						etter	
lesponse of Parent/Guardian:						, ,	
Date of Conference:							
Signature of Bus Driver:						Date:	
		ACTION(S) TAKEN BY	SCHOOL ADMI	NISTRATOR			
he student named above is he behavioral referral(s). I have ta		iate behavior as indicated in	this report. This is th	e student's 1	1 <sup>st</sup> 2 <sup>nd</sup>	3 <sup>rd</sup> 4 <sup>th</sup> 5 <sup>th</sup> (circle one) or other cumulativ	
000 <b>D</b> No Action– only use if no	o reportable action was taker	n 160 <b>L</b> oss of Privileges/B	us Suspension from	to	020 🗖	TOR (Time Out Room)	
012 Referred to Counselor 014 Referred to So			Building Level Comm	ding Level Committee (SBLC) 040 🗖 In School Detention from to			
043  After School Detention	from to	045  Weekend Detention	n from to	-	002 Suspension Out Of School from to		
004 🗖 Suspension In School fr	om to	006  Suspension Alterna	tive Site from t	.0	001 🗖	Expulsion Recommendation	
17 🗖 Enforcement Referral (A	Arrest Resulted Y N)	016 Court Referral Date			013 🗖	Referral to Social Worker	
080 🗖 Assigned Remedial Wor	·k	999 🗖 Other Action(s):			030 🗖	Restorative Practices Implemented	
.40 🗖 Student Reprimand		120  Student Conference	e Date:		173 🗖	Conference w/ Parents or Guardians on:	
175 🗖 Conference w/ Principa	l on:	180 🗖 Corporal Punishme	nt (if checked, comp	lete "Corporal F	Punishm	nent" Incidence Checklist)	
Circle Yes or No: Perpetrator:	Serious Bodily Injury Y N N	Medical Treatment Y N Vi	ctim: Serious Bodily I	njury Y N M	1edical T	reatment Y N	
N Contact Parent/Guardian	Date: Tim	ne:	■ Phone Call	□ Letter	□ Con	ference Date: Time:	
IS Primary Infraction/Reason	Code Entered: Sign	nature of Principal:				Date:	
COMMENTS BY STUDEN	T AND/OR PARENT/GU						
ignature of Student:		Signature of Par				Current Date:	
Check appropriate blocks as co	pies of the document are su	pplied:	ian 🗖 School's	Pupii File	<b>⊔</b> Emp	ployee Filing this Report  Principal	

\*NOTE: The principal shall return a completed copy of this form to the staff member who initiated the referral within 48 hours (excluding non-work days) of the time it was submitted to the principal.