

In accordance with R. S. 17:416(A) the purpose of this report is to inform parents/guardians of a behavior incident on the school campus, in the classroom, cafeteria, gymnasium, auditorium, elsewhere at the school or during school-related activities, and of subsequent disciplinary action taken by school officials. Because this or other incidents may jeopardize the safety, well-being or education of other students, parents are urged to discuss the incident and possible implications with the student to prevent further occurrences.

Name of Student:	Phone:	Grade/Section:	
Name of Teacher/Staff:	Teacher/Staff/Location:		
Name of Principal:	School:		
Check One: <input type="checkbox"/> Regular Education <input type="checkbox"/> 504 <input type="checkbox"/> Special Education	Date of Incident:	Time:	Location:

Time Code:	01 Before School on Grounds, 02 During Class, 03 Between Classes, 04 After Normal School Hours & Supervised, 05 To/From School, 06 At Bus Stop or Transfer Station, 07 During School Extracurricular/Assembly Event, 08 Recess, Club, Free Time, 09 Homeroom, 10 Breakfast/Lunch
Location Code:	01 Classroom, 02 Restroom, 03 Lunchroom, 04 Hallway, 05 Playground, 07 At Bus Stop or Transfer Station, 08 Parking Lot, 09 Locker Room, 10 Cell Phone, 11 Internet, 12 To or From School, 13 School Sponsored Event, 14 Home, 98 Offsite Program, 99 Other _____

INFRACTION/REASON CODES (Check all that apply)

- | | | | |
|---|--|--|--|
| 01. <input type="checkbox"/> Willful disobedience | 11. <input type="checkbox"/> Cuts, defaces, or injures any part of public school buildings/vandalism | 17. <input type="checkbox"/> Violates traffic and safety regulations | 36. <input type="checkbox"/> Cyber Bullying (*complete Bullying Form) |
| 02. <input type="checkbox"/> Treats an authority with disrespect | 12. <input type="checkbox"/> Writes profane and/or obscene language or draws obscene pictures | 18. <input type="checkbox"/> Leaves school premises or classroom without permission | 37. <input type="checkbox"/> False Alarm/Bomb Threat |
| 03. <input type="checkbox"/> Makes an unfounded charge against authority | 13. <input type="checkbox"/> Possesses weapon (s) as defined in Section 921 of Title 18 of the U.S. Code. *Use of code 13 requires additional submission of the Weapon Type code. | 19. <input type="checkbox"/> Is habitually tardy and/or absent | 38. <input type="checkbox"/> Forgery |
| 04. <input type="checkbox"/> Uses profane and/or obscene language | 14. <input type="checkbox"/> Possesses firearms (not prohibited by federal law), knives, or other implements, which may be used as weapons, the careless use of which might inflict harm or injury (Excludes pocket knives with a blade length < 2 1/2" - refer to code 31). | 20. <input type="checkbox"/> Takes another's property or possessions without permission | 39. <input type="checkbox"/> Gambling |
| 05. <input type="checkbox"/> Commits immoral or vicious practices | 15. <input type="checkbox"/> Throws missiles liable to injure others | 21. <input type="checkbox"/> Commits any other serious offense | 40. <input type="checkbox"/> Public Indecency |
| 06. <input type="checkbox"/> Conduct or habits injurious to his/her associates | 16. <input type="checkbox"/> Instigates or participates in fights while under school supervision | 30. <input type="checkbox"/> Discharge or use of weapon(s) prohibited by federal law | 41. <input type="checkbox"/> Obscene behavior or Possession of Obscene/Pornographic Material |
| 07. <input type="checkbox"/> Uses or possesses any controlled dangerous substances governed by the Uniform Controlled Dangerous Substances Law, in any form | | 31. <input type="checkbox"/> Possesses pocket knife or blade cutter with a blade length < 2 1/2" | 42. <input type="checkbox"/> Unauthorized use of Technology |
| 08. <input type="checkbox"/> Uses or possesses tobacco, lighter, or matches | | 33. <input type="checkbox"/> Use of OTC medication in a manner other than prescribed or authorized | 43. <input type="checkbox"/> Improper dress |
| 09. <input type="checkbox"/> Uses or possesses alcoholic beverages | | 34. <input type="checkbox"/> Possession of Body Armor | 44. <input type="checkbox"/> Academic dishonesty |
| 10. <input type="checkbox"/> Disturbs the school or habitually violates any rule | | 35. <input type="checkbox"/> Bullying/Harrassment (*complete Bullying Form) | 45. <input type="checkbox"/> Trespassing Violation |
| | | | 46. <input type="checkbox"/> Failure to Serve Assigned Consequence |
| | | | 47. <input type="checkbox"/> Misusing Internet/ Violates electronic/ technology policy |
| | | | 48. <input type="checkbox"/> Sexual Harassment |
| | | | 49. <input type="checkbox"/> False Report |
| | | | 50. <input type="checkbox"/> Crime of Violence (per R.S. 14:2B) |

REMARKS/DESCRIPTION OF INCIDENT: _____

ACTION(S) TAKEN BY TEACHER OR OTHER SCHOOL EMPLOYEE

The student named above is hereby reported for inappropriate behavior as indicated in this report. This is the student's 1st 2nd 3rd 4th 5th (circle one) or other _____ cumulative behavioral referral(s). I have taken the following action(s):

- | | | |
|--|---|---|
| 011 <input type="checkbox"/> Referred to Office | 022 <input type="checkbox"/> Therapeutic Removal | 030 <input type="checkbox"/> Restorative Practices Implemented |
| 012 <input type="checkbox"/> Referred to Counselor | 025 <input type="checkbox"/> Intervention Room | 173 <input type="checkbox"/> Conference with Parents or Guardians |
| 013 <input type="checkbox"/> Referred to Social Worker | 080 <input type="checkbox"/> Assigned Remedial Work | 175 <input type="checkbox"/> Conference with Principal |
| 014 <input type="checkbox"/> Referred to SBLC | 120 <input type="checkbox"/> Student Conference | 999 <input type="checkbox"/> Other Action _____ |
| 018 <input type="checkbox"/> Secondary Referral (PBIS) | 140 <input type="checkbox"/> Student Reprimand | |
| 019 <input type="checkbox"/> Tertiary Referral (PBIS) | 160 <input type="checkbox"/> Loss of Privileges | |

Contact Parent/Guardian? <input type="checkbox"/> Y <input type="checkbox"/> N	Date:	Time:	<input type="checkbox"/> Phone Call	<input type="checkbox"/> Letter	<input type="checkbox"/> Conference	Date:	Time:
RECOMMENDATION(S) BY TEACHER OR OTHER SCHOOL EMPLOYEE:							
Signature of School Employee:							Date:

ACTION(S) TAKEN BY SCHOOL ADMINISTRATOR

The student named above is hereby reported for inappropriate behavior as indicated in this report. This is the student's 1st 2nd 3rd 4th 5th (circle one) or other _____ cumulative behavioral referral(s). I have taken the following action(s):

- | | | |
|---|---|---|
| 000 <input type="checkbox"/> No Action - only use if no reportable action was taken | 014 <input type="checkbox"/> Referred to School Building Level Committee (SBLC) | 080 <input type="checkbox"/> Assigned Remedial Work |
| 001 <input type="checkbox"/> Expulsion Recommendation | 016 <input type="checkbox"/> Court Referral Date: _____ | 120 <input type="checkbox"/> Student Conference Date: _____ |
| 002 <input type="checkbox"/> Suspension Out of School from ___ to ___ | 017 <input type="checkbox"/> Enforcement Referral (Arrest Resulted Y N) | 140 <input type="checkbox"/> Student Reprimand |
| 004 <input type="checkbox"/> Suspension In School from ___ to ___ | 020 <input type="checkbox"/> TOR (Time Out Room) | 160 <input type="checkbox"/> Loss of Privileges |
| 006 <input type="checkbox"/> Suspension Alternative Site from ___ to ___ | 030 <input type="checkbox"/> Restorative Practices Implemented | 173 <input type="checkbox"/> Conference w/ Parents or Guardians on: _____ |
| 012 <input type="checkbox"/> Referred to Counselor | 040 <input type="checkbox"/> In School Detention from ___ to ___ | 175 <input type="checkbox"/> Conference w/ Principal on: _____ |
| 013 <input type="checkbox"/> Referral to Social Worker | 043 <input type="checkbox"/> After School Detention from ___ to ___ | 180 <input type="checkbox"/> Corporal Punishment (if checked, complete "Corporal Punishment" Incidence Checklist) |
| | 045 <input type="checkbox"/> Weekend Detention from ___ to ___ | 999 <input type="checkbox"/> Other Action(s): _____ |

Perpetrator: Serious Bodily Injury Y N Medical Treatment Y N **Victim:** Serious Bodily Injury Y N Medical Treatment Y N

Contact Parent/Guardian? <input type="checkbox"/> Y <input type="checkbox"/> N	Date:	Time:	<input type="checkbox"/> Phone Call	<input type="checkbox"/> Letter	<input type="checkbox"/> Conference	Date:	Time:
SIS Primary Infraction/Reason Code Entered:				Signature of Principal:		Date:	

COMMENTS BY STUDENT AND/OR PARENT/GUARDIAN:

Signature of Student:	Signature of Parent/Guardian:	Current Date:
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Check appropriate blocks as copies of the document are supplied:

- Parent/Guardian School's Pupil File Employee 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.**

****Attachments:** Provide copies of all documents related to the behavior of the student named above and prepared by the employee submitting this referral.