

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.

Name of Student _____ Phone _____ Grade _____
 Name of Bus Driver/Staff _____ Phone _____ Bus Number _____
 Name of Principal _____ School _____

Check One: Regular Education 504 Special Education Date of Incident _____ Time _____ Location _____

Time Code: _____	04 During School Activity Trip, 05 To/From School, 06 At Bus Stop or Transfer Station
Location Code: _____	06 School Bus, 07 At Bus Stop or Transfer Station, 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 | 20. <input type="checkbox"/> Takes another’s property or possessions without permission |
| 02. <input type="checkbox"/> Treats an authority with disrespect | 12. <input type="checkbox"/> Writes profane and/or obscene language or draws obscene pictures | 21. <input type="checkbox"/> Commits any other serious offense |
| 03. <input type="checkbox"/> Makes an unfounded charge against authority | 15. <input type="checkbox"/> Throws missiles liable to injure others | 35. <input type="checkbox"/> Bullying (complete Bullying Behavior Checklist) |
| 04. <input type="checkbox"/> Uses profane and/or obscene language | 16. <input type="checkbox"/> Instigates or participates in fights while under school supervision | 36. <input type="checkbox"/> Cyber Bullying (complete Bullying Behavior Checklist) |
| 05. <input type="checkbox"/> Commits immoral or vicious practices | 17. <input type="checkbox"/> Violates traffic and safety regulations | 38. <input type="checkbox"/> Forgery |
| 06. <input type="checkbox"/> Conduct or habits injurious to his/her associates | 18. <input type="checkbox"/> Leaves school premises or classroom without permission | 39. <input type="checkbox"/> Gambling |
| 08. <input type="checkbox"/> Uses or possesses tobacco, lighter or matches | 19. <input type="checkbox"/> Is habitually tardy and/or absent | 42. <input type="checkbox"/> Unauthorized use of Technology |
| 09. <input type="checkbox"/> Uses or possesses alcoholic beverages | | 43. <input type="checkbox"/> Improper dress |
| 10. <input type="checkbox"/> Disturbs the school or habitually violates any rule | | 49. <input type="checkbox"/> False Report |

REMARKS/DESCRIPTION OF INCIDENT: _____

ACTION(S) TAKEN BY SCHOOL BUS OPERATOR

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 | 120 <input type="checkbox"/> Discussed Behavior with Student | 173 <input type="checkbox"/> Discussed Behavior with Parent or Guardian |
| 175 <input type="checkbox"/> Participated in Conference with School Administrator | 999 <input type="checkbox"/> Other: _____ | |

Date of Referral: _____ Date of Contact: _____ Time: _____ Phone Call Letter Other (Describe): _____

Response of Parent/Guardian: _____

Date of Conference: _____ Describe: _____

Signature of Bus Driver: _____ 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 | 160 <input type="checkbox"/> Loss of Privileges/Bus Suspension from ____ to ____ | 020 <input type="checkbox"/> TOR (Time Out Room) |
| 012 <input type="checkbox"/> Referred to Counselor | 014 <input type="checkbox"/> Referred to School Building Level Committee (SBLC) | 040 <input type="checkbox"/> In School Detention from ____ to ____ |
| 043 <input type="checkbox"/> After School Detention from ____ to ____ | 045 <input type="checkbox"/> Weekend Detention from ____ to ____ | 002 <input type="checkbox"/> Suspension Out Of School from ____ to ____ |
| 004 <input type="checkbox"/> Suspension In School from ____ to ____ | 006 <input type="checkbox"/> Suspension Alternative Site from ____ to ____ | 001 <input type="checkbox"/> Expulsion Recommendation |
| 017 <input type="checkbox"/> Enforcement Referral (Arrest Resulted Y N) | 016 <input type="checkbox"/> Court Referral Date _____ | 013 <input type="checkbox"/> Referral to Social Worker |
| 080 <input type="checkbox"/> Assigned Remedial Work | 999 <input type="checkbox"/> Other Action(s): _____ | 030 <input type="checkbox"/> Restorative Practices Implemented |
| 140 <input type="checkbox"/> Student Reprimand | 120 <input type="checkbox"/> Student Conference Date: _____ | 173 <input type="checkbox"/> Conference w/ Parents or Guardians on: _____ |
| 175 <input type="checkbox"/> Conference w/ Principal on: _____ | 180 <input type="checkbox"/> Corporal Punishment (if checked, complete “Corporal Punishment” Incidence Checklist) | |

Circle Yes or No: **Perpetrator:** Serious Bodily Injury Y N Medical Treatment Y N **Victim:** Serious Bodily Injury Y N Medical Treatment Y N

Y N Contact Parent/Guardian Date: _____ Time: _____ Phone Call Letter 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: _____

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. (REVISED 9/5/2014)