

DISCIPLINE REFERRAL REPORT
 Staff report of major and/or repeated unsatisfactory student conduct

Date _____ Time of Incident _____ Grade _____ Parent/Guardian Phone # _____
 Pupil _____ Parent/Guardian Cell # _____
 Location of Offense _____ Staff Name _____

Date: _____ Teacher Action _____ Date: _____
 ___ Spoke with Student _____ ___ Telephone Conference _____
 ___ Parental Conference _____ ___ Letter/Email to parent or Guardian (copy attached/onfile) _____

Reason for this report: To provide awareness that the attitude, conduct, and/or interest of the student is not appropriate for the learning environment at BCTHS. Corrective action has been requested in keeping with school policy and the seriousness of the infraction(s) listed below:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Abuse of Pass Policy | <input type="checkbox"/> Electronic Use Violation | <input type="checkbox"/> Insubordination | <input type="checkbox"/> Spitting |
| <input type="checkbox"/> Arson | <input type="checkbox"/> Excessive Lateness | <input type="checkbox"/> Intimidation | <input type="checkbox"/> Sweep Violation |
| <input type="checkbox"/> Assault | <input type="checkbox"/> Failure to Provide ID / Agenda Book | <input type="checkbox"/> Leaving School Grounds | <input type="checkbox"/> Theft |
| <input type="checkbox"/> Bullying (Direct) | <input type="checkbox"/> Fighting | <input type="checkbox"/> Lying | <input type="checkbox"/> Theft of Services |
| <input type="checkbox"/> Cheating | <input type="checkbox"/> Foul/Obscene Language | <input type="checkbox"/> Major Safety Violation | <input type="checkbox"/> Threats |
| <input type="checkbox"/> Computer Policy Use Violation | <input type="checkbox"/> Foul/Obscene Language Towards Staff | <input type="checkbox"/> Parking Violation | <input type="checkbox"/> Unacceptable Cafeteria Behavior |
| <input type="checkbox"/> Criminal Mischief | <input type="checkbox"/> Harassment (Physical) | <input type="checkbox"/> Possession Matches, Lighters, etc. | <input type="checkbox"/> Unauthorized Area |
| <input type="checkbox"/> Cutting Class | <input type="checkbox"/> Harassment (Verbal) | <input type="checkbox"/> Safety Violation | <input type="checkbox"/> Vaping/Possession of Vape/Paraphernalia |
| <input type="checkbox"/> Disorderly Conduct | <input type="checkbox"/> Hazing | <input type="checkbox"/> Setting Off Fire Alarm | <input type="checkbox"/> Violation of Drug & Alcohol Policy |
| <input type="checkbox"/> Disruptive Behavior | <input type="checkbox"/> Inciting | <input type="checkbox"/> Sexual Harassment | <input type="checkbox"/> Violation of Weapons Policy |
| <input type="checkbox"/> Dress Code Violation | <input type="checkbox"/> Insolence | <input type="checkbox"/> Sexual Misconduct | <input type="checkbox"/> Other: (Explain Below) |
| <input type="checkbox"/> Ethnic Intimidation | | <input type="checkbox"/> Smoking/Possession of Tobacco | |
| | | <input type="checkbox"/> Social Media Use Violation | |

STAFF DETAILS OF THE INCIDENT:

 Staff Name (Please Print) _____ Staff Signature _____ Date _____

STUDENTS ACCOUNT OF INCIDENT or EXPLANATION OF BEHAVIOR(S):

 Student Name (Please Print) _____ Student Signature _____ Date _____

TPC Disposition of Case

___ Spoke with Student _____ After-School Detention _____ hours _____ Suspension Out-Of-School _____ days
 ___ Telephone Conference _____ Saturday Detention _____ hours _____ Citation _____
 ___ Letter to Parent _____ Suspension TPC _____ days _____ Police Notified _____

Date(s) of discipline _____ Comments: _____

TPC Initials _____ Date _____ Demerits Assigned _____ Level Assigned _____