

CLINT INDEPENDENT SCHOOL DISTRICT

Discipline Referral Form

STUDENT NAME	STUDENT ID#	GRADE	REFERRED BY / HOMEROOM TEACHER:	
REPORT DATE	TIME OF OFFENSE	HOME PHONE #	PARENTS WORK #	CELL / OTHER #

Change Seating
 Parent Contacted
 Warning
 Detention
 Counselor
 Parent Conf
 Team Conf
 Student Conf

PHONE: _____ LETTER: _____ CONFERENCE: _____ EMAIL: _____

DATE OF OFFENSE: _____ PHONE: _____ OTHER: _____
 DETAIL STATEMENT OF PROBLEM: _____

 OFFENSE LOCATION: _____ EMPLOYEE SIGNATURE: _____

Counselor Referral
 Student Conference
 Detention
 Parent Phone Call
 Parent Conference
 Other

OTHER/REMARKS: _____

DATE ACTION TAKEN: _____ TIME LEFT OFFICE: _____

PEIMS INCIDENT NUMBER: _____ Linked
 POLICE/SRO DATE: _____ Time: _____ Citation
 PEIMS DISCP ACTION REASON: _____ Sub-Code: _____ Officer(s): _____ Case #: _____
 01-On Campus
 02-Off Campus w/in 300ft property line
 03-School Spons Activity Off Campus
 04-More than 300ft Off Campus
 05-Another School District

DISC ACTION CODE:	Inc with Student Code of Conduct	NUMBER OF DAYS ASSN:	LIST DATES TO SERVE:	ACTION CODE MOD:	TOTAL DAYS SERVED:	ACTUAL DATES SERVED:	DIFF RSN CODE:
	<input type="checkbox"/>						
	<input type="checkbox"/>						
	<input type="checkbox"/>						

Difference Reason Codes: Difference reason codes must be assigned when the actual dates served do not match the days assigned.

01 - Term modified by district	03 - Mutual agreement district parent	05 - Student incarcerated	07 - Student withdrew	09 - Previous year's assignment	99 - Other
02 - Term modified by court	04 - Completed sooner than expected	06 - Extenuating health related issues	08 - School year ended	10 - Term modified, behavior	

Discipline Entry Date: _____ Entered by: _____ Admin Initials: _____ Date: _____

Parent/Guardian Signature	Date	Student Signature	Date	Administrator Signature	Date
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