

# 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 #	

### TEACHER ACTION PRIOR TO REFERRAL:

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

#### Teacher Parent Contact/Date of Contact

PHONE: \_\_\_\_\_ LETTER: \_\_\_\_\_ CONFERENCE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  

Month/Day/Year
Month/Day/Year
Month/Day/Year
Month/Day/Year

**INCIDENT REPORT**

DATE OF OFFENSE: \_\_\_\_\_ PHONE: \_\_\_\_\_ OTHER: \_\_\_\_\_

DETAIL STATEMENT OF PROBLEM: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OFFENSE LOCATION: \_\_\_\_\_ EMPLOYEE SIGNATURE: \_\_\_\_\_

### ADMINISTRATOR ACTION TAKEN:

- 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 #: \_\_\_\_\_

BEHAVIOR LOCATION CODE:  
  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

#### PEIMS Disciplinary Action Code (s)

#### Amended PEIMS Disciplinary Action Code (s)

DISC ACTION CODE:	NUMBER OF DAYS ASSN:	LIST DATES TO SERVE:	ACTION CODE MOD:	TOTAL DAYS SERVED:	ACTUAL DATES SERVED:	DIFF RSN CODE:

**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: \_\_\_\_\_

**It is the student's responsibility to take this discipline referral form home to his/her parent/guardian and return to the appropriate assistant principal the next day.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_   
 Student Signature \_\_\_\_\_ Date \_\_\_\_\_   
 Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_