

LOUISIANA DEPARTMENT OF EDUCATION SCHOOL BUS BEHAVIOR REPORT

FORM "SB"

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 driver 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"/> Is guilty of stealing |
| 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"/> Is guilty of immoral or vicious practices | 17. <input type="checkbox"/> Violates traffic and safety regulations | 38. <input type="checkbox"/> Forgery |
| 06. <input type="checkbox"/> Is guilty of 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 DRIVER

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 Referred to Office 120 Discussed Behavior with Student 173 Discussed Behavior with Parent or Guardian
175 Participated in Conference with School Administrator 999 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 8/02/2012)