

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 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							Bus Number	
Name of Principal								
Check One: 🗖 Regular Edu	cation 🗖 504	■ Special Education	Date of Incident		Time		Location	
Time Code:	04 During School A	ctivity Trip, 05 To/From S	chool, 06 At Bus Stop	or Transfer Stat	ion			
Location Code:	06 School Bus, 07	At Bus Stop or Transfer	Station, 99 Other					
		INFRACTI	ON / REASON C	ODES (Check	all that appl	v)		
Milled disable discourse			•	•	• •	•	T-1	
Willful disobedienceTreats an authority v		its, defaces, or injur iildings/vandalism	ublic school	20. 🔟	Takes another's property or possessions without permission			
33. Makes an unfounded	12 🗖 14	Writes profane and/or obscene language or draw			21. 🗖	Commits any other serious offense		
04. Uses profane and/or	ob	obscene pictures			35. 🗖	Bullying (complete Bullying Behavior Checklist)		
05. Commits immoral or		Throws missiles liable to injure others			36. 🗖	Cyber Bullying (complete Bullying Behavior Checklist)		
06. Conduct or habits in	•	COCIATEC	☐ Instigates or participates in fights while under			38. 🗖	Forgery	
08. U Uses or possesses to	bacco, lighter or ma	atchoc	school supervision Violates traffic and safety regulations			39. 🗖	Gambling	
17. Withdres the				mises or classroom without permission			Unauthorized use of Technology	
10. Disturbs the school of	0. Disturbs the school or habitually violates any rule 19. Is habitually tardy					43. □	Improper dress	
		15. 🗖 15	nabituany taray and	iyor absent		49. 🗖	False Report	
REMARKS/DESCRIPTION OF	INCIDENT:							
			(-)					
		ACTIO	ON(S) TAKEN BY	SCHOOL BU	SDRIVER			
he student named above is behavioral referral(s). I have			as indicated in this	report. This is	the student's	1 st 2 nd	d 3 rd 4 th 5 th (circle one) or other cumulative	
11 Referred to Office		120 🗖 [Discussed Behavior	with Student		173 	Discussed Behavior with Parent or Guardian	
.75 D Participated in Confe	rence with School A	Administrator 999 🗖 (Other:					
Date of Referral:						пι	etter	
Response of Parent/Guardian								
Date of Conference:								
ignature of Bus Driver:								
		ACTION	(S) TAKEN BY SO	HOOL ADM	INISTRATOR			
he student named above is behavioral referral(s). I have			as indicated in this	report. This is t	he student's	L st 2 nd	3 rd 4 th 5 th (circle one) or other cumulative	
000 D No Action– only use if	no reportable actio	n was taken 160 🗖 Los	s of Privileges/Bus S	Suspension from	n to	020 🗖	TOR (Time Out Room)	
							In School Detention from to	
043 🗖 After School Detentio	n from to	045 □ We	ekend Detention fro	om to	_	002 🗖	Suspension Out Of School from to	
004 🗖 Suspension In School	from to	006 🗖 Sus	pension Alternative	Site from	to	001 🗖	Expulsion Recommendation	
017 🗖 Enforcement Referral	(Arrest Resulted Y I	N) 016 🗖 Cou	ırt Referral Date		<u></u>	013 🗖	Referral to Social Worker	
080 🗖 Assigned Remedial W	ork	999 🗖 Oth	er Action(s):			030 🗖	Restorative Practices Implemented	
140 🗖 Student Reprimand			dent Conference Da	ite:		173 🗖	Conference w/ Parents or Guardians on:	
175 Conference w/ Princip	oal on:	180 □ Cor	poral Punishment (if checked, com	olete "Corporal I	Punishn	nent" Incidence Checklist)	
Circle Yes or No: Perpetrator	: Serious Bodily Injui	ry Y N Medical Treatn	nent Y N Victim	: Serious Bodily	Injury Y N N	1edical 1	Treatment Y N	
N Contact Parent/Guardia	n Date:	Time:	□	Phone Call	☐ Letter	☐ Con	ference Date: Time:	
IS Primary Infraction/Reaso	n Code Entered:	Signature of Princ	cipal:				Date:	
COMMENTS BY STUDE	NT AND/OR PA	RENT/GUARDIAN:						
ignature of Student:							Current Date:	
Check appropriate blocks as	copies of the docum	nent are supplied:	■ Parent/Guardian	■ School'	s Pupil File	□ Emp	ployee 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.