



# BLACK HILLS HIGH SCHOOL

STUDENT DISCIPLINE REFERRAL

<b>GENERAL INFORMATION</b>		<b>TODAY'S DATE:</b>		<input type="checkbox"/> <b>McNAMARA (A-L)</b>		<input type="checkbox"/> <b>REID (M-Z)</b>	
Student Name:				Grade:		<input type="checkbox"/> <b>IEP</b> <input type="checkbox"/> <b>504</b>	
Date of Incident:		Time of Incident:		Location:		Reported by:	

<b>REASON FOR REFERRAL (CHECK ALL THAT APPLY)</b>			
<input type="checkbox"/> Attendance - ATT	<input type="checkbox"/> Physically Aggressive Behavior - PAB	<input type="checkbox"/> Tobacco - ZTB	
<input type="checkbox"/> Closed Campus - CCV	<input type="checkbox"/> Property Damage - PBD	<input type="checkbox"/> Fighting-ZSF	
<input type="checkbox"/> Cheating-CHE	<input type="checkbox"/> Public Display--PDA	<input type="checkbox"/> <b>Harassment :</b>	
<input type="checkbox"/> Defiance - DEF	<input type="checkbox"/> Sexual Misconduct - SXM	<input type="checkbox"/> Disability <input type="checkbox"/> Gender <input type="checkbox"/> Bullying <input type="checkbox"/> Race	
<input type="checkbox"/> Dishonesty - DHY	<input type="checkbox"/> Tardy - TAR	Violence: <input type="checkbox"/> WITH injury <input type="checkbox"/> WITHOUT Injury	
<input type="checkbox"/> Disrespect - DIS	<input type="checkbox"/> Tech Violation - TEC	<input type="checkbox"/> <b>Weapons:</b>	
<input type="checkbox"/> Disruption/Noncompliance - DNC	<input type="checkbox"/> Theft - TFT	<input type="checkbox"/> Firearm/Other <input type="checkbox"/> Shotgun/Rifle <input type="checkbox"/> Handgun	
<input type="checkbox"/> Electronic Device - ELD	<input type="checkbox"/> Truancy - TRU	<input type="checkbox"/> Knife <input type="checkbox"/> Multiple Firearms	
<input type="checkbox"/> Fail to Follow Req-FRR	<input type="checkbox"/> Unsafe Behavior - USB	<input type="checkbox"/> Other Weapon:	
<input type="checkbox"/> Gang--GNG	<input type="checkbox"/> Drugs - ZD	<input type="checkbox"/> Other Offense:	
<input type="checkbox"/> Inappropriate Language/Behavior - IAP	<input type="checkbox"/> Alcohol - ZDA	Notes:	

**Description of Infraction:**

- Minor**
- Major**

**PRIOR ACTION(S) TAKEN BY STAFF**

**\*\* NOTE: PARENT MUST BE CONTACTED IN REGARD TO THIS INCIDENT BEFORE REFERRAL WILL BE PROCESSED.**

<input type="checkbox"/> Previous Parental Notification(s) by Phone	Date	Date	Date	
<input type="checkbox"/> Verbal Warning: Date(s)				<input type="checkbox"/> <b>Parent Notification on this incident</b>
<input type="checkbox"/> Other Action(s):				
				<input type="checkbox"/> Phone Date: <input type="checkbox"/> Email Date: <input type="checkbox"/> Conference Date:

**ADMINISTRATIVE ACTION**

<input type="checkbox"/> Consultation with Student in Office	HIB: <input type="checkbox"/> Yes <input type="checkbox"/> No	No-Contact Issued: <input type="checkbox"/> Yes <input type="checkbox"/> No V/W
<input type="checkbox"/> Warning Issued for Offense	Method: <input type="checkbox"/> Verbal <input type="checkbox"/> Written	
<input type="checkbox"/> Parent Notification	<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Conference	Phone #: _____ Contact: _____ Date: _____ Notes: _____
<input type="checkbox"/> Lunch Detention (LD)	<input type="checkbox"/> After-School Detention (ASD)	<input type="checkbox"/> Police Referral (ZRP) Officer #: _____ Case #: _____
<input type="checkbox"/> Interim Alternative Educational Setting (IAES)	<input type="checkbox"/> Friday Work Day (FWD)	
<input type="checkbox"/> Alternative Educational Services (CES)	<input type="checkbox"/> Guidance Counselor Referral (GCR)	<input type="checkbox"/> Other Action:
Period(s): _____	Number of Days: _____	Return Date: _____
Inclusive Dates: _____		

**Out-of-School Suspension (OSS)**

<input type="checkbox"/> Short Term Suspension	<input type="checkbox"/> Long Term Suspension	<input type="checkbox"/> Long Term Abeyance	<input type="checkbox"/> Emergency Expulsion	<input type="checkbox"/> Expulsion
<b>Reason (for letter):</b>		# of Days: _____	Return Date: _____	Inclusive Dates: _____
<input type="checkbox"/> CC: Referral to Counselor	Name of Counselor: _____	<input type="checkbox"/> Student on Probation - Probation Officer: _____		

**Discipline Secretary Tracking**

Skyward:  Offense  Attendance    Copy to:  Teri  Linda     Discipline Log     Fax PO     SWIS

ADMINISTRATOR SIGNATURE: _____	DATE: _____
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