

**TYLER ISD – CAMPUS _____
ELEMENTARY DISCIPLINARY REFERRAL FORM**

Name: _____ ID: _____ Grade: _____ Incident Time: _____ Incident Date: _____

Teacher/Administrator: _____

Teacher Action Prior to Referral:

- | | | |
|-------------------------------------|-------------------------------------|--|
| _____ Written Statement | _____ Cool Down in Classroom | _____ Changed seat/work setting (date) |
| _____ Phone call to Parent (date) | _____ Conference with Parent (date) | _____ Lunch/Recess Detention (date) |
| _____ After School Detention (date) | _____ Daily Note Home | _____ Daily Contract |

Description of Incident:

ADMINISTRATIVE USE ONLY			
DISCIPLINE OFFENSE CODES			
_____ 21 Biting	_____ 21 Destroy- Sch. Property	_____ 21 Persistent Misbeh. on Campus	_____ 41 Fighting/Mutual Combat
_____ 21 Bullying	_____ 21 Disturbing Class	_____ 21 Profanity	Other _____
_____ 21 Bullying – disability	_____ 21 Drug Look a like	_____ 21 Theft	
_____ 21 Bullying – race	_____ 21 Forgery	_____ 21 Threatening Student	
_____ 21 Bullying – religion	_____ 21 Hands Off	_____ 21 Threatening Teach/Adult	
_____ 21 Bullying – sex	_____ 21 Hitting/Kicking	_____ 21 Viol. Code of Conduct	
_____ 21 Cafeteria Behavior	_____ 21 Insubordination	_____ 21 Weapon- local prohibit	
_____ 21 Cheating			
DISCIPLINE ACTION CODES			
_____ 05 Out of School Susp.	_____ Behavior contract	_____ School Service	
_____ 06 In School Suspension	_____ Cafeteria Duty	_____ Stu Conf/Counsel	
_____ 07 Placement DAEP	_____ Detention	_____ Parent Conference	
_____ 25 Out of School Susp. Part	_____ Loss of Privileges	_____ Parent Notification	
_____ 26 In School Susp. Part.	_____ Lunch Detention		
_____ 26 Single Class Removal			
BEHAVIOR LOCATION CODES			
_____ 1 On Campus	_____ Classroom	_____ Lab	_____ Office
_____ Art	_____ Campus Grounds	_____ Library	_____ Plyler
_____ Beh.Trans.Prog.	_____ Gym	_____ Lunchroom	_____ Recess
_____ Bus Area	_____ Hall	_____ Music	_____ Restroom
_____ Bus			
Administrative Action:			
Referral to: (Please Check) <input type="checkbox"/> RTI Team <input type="checkbox"/> Counselor <input type="checkbox"/> Social Worker <input type="checkbox"/> Outside Agency			
Conference with Parent (date): _____ Conference with Student (date) _____			
Partial Days _____ Begin Date : _____ End Date: _____ Full Days _____ Begin Date _____ End Date: _____			
DAEP Placement: Days _____ Begin Date _____ End Date: _____			
Administrator's Comments:			

Student Signature: _____ Parent Signature: _____

Principal Signature: _____ Date Action Assigned: _____

Incident Number _____