|  |  |  |
| --- | --- | --- |
| **Student's Name:**  | **Grade:**  | **Class Period:**  |
| **Referred By:**  | **Location of Incident:**  |
| **Date of Incident:**  | **Advisor:**  |

# Detailed Explanation for Referral

(If more space is required, please use the back of this form)

|  |
| --- |
| **Please note: If this has not been served by the indicated date(s), you will be ineligible to practice, compete, perform or attend any extra-curricular activity until such time that it has been served.** |

***Detention is held in room 13 from 7:25 to 7:55AM/After School is held in room 14 from 3:05 to 3:35PM.***

**ACTIONS TAKEN**

**\_\_\_X\_\_\_ Held conference with student \_\_\_\_X\_\_ Contacted parent Referred to counselor**

 **\_\_\_\_\_\_ Changed student’s seat \_\_\_X\_\_\_ Parent conference \_\_\_\_\_\_ Referral to social worker**

 **ADMINISTRATIVE ACTION**

|  |  |
| --- | --- |
|  | ***WARNING*** |
|  | **30-Minute detention(s)** | **Date(s):** |  |
|  | **~~Short Saturday detention(s)~~** | **~~Date(s):~~** |  |
|  | **~~Long Saturday detention(s)~~** | **~~Date(s):~~** |  |
|  | **~~In-school detention~~** | **~~Date(s):~~** |  |
|  | **Days of out-of-school detention** | **Date(s):** |  |
|  | **Social Probation** | **Date(s):** |  |
|  | **Other:** |  |
|  | **Administration Parent contact:** | **Time:** | **Spoke With:**  |
| **Message Date:** |

|  |
| --- |
|  |
| **Student's Acknowledgement of Referral:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Administrator's Signature**  |  |
| **Date of Conference with Administrator:** |  |

 **Pd.1\_\_\_\_\_ Pd.2\_\_\_\_\_ Pd.3\_\_\_\_\_ WIN\_\_\_\_\_ Pd.4\_\_\_\_\_ A B C Pd. 5\_\_\_\_\_ A B C Pd. 6\_\_\_\_\_ Pd. 7\_\_\_\_\_**

**PE Instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**