|  |  |  |
| --- | --- | --- |
| **Student's Name:** | **Grade:** | **Class Period:** |
| **Date of Incident:** | | **Advisor:** (Office use only)  **Counselor:** (Office use only) |
| **Referred By:** | | **Location of Incident:** |

# Detailed Explanation for Referral

(If more space is required, please use the 2nd page 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 \_\_\_ \_\_ Contacted parent Referred to counselor**

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

**ADMINISTRATIVE ACTION**

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

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

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

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

**CTEC Instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**