

**Parent Communication Report  
OFFICE DISCIPLINE REFERRAL**

**Student** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Homeroom Teacher** \_\_\_\_\_ **Room** \_\_\_\_\_

**Expectation Not Met**       Safe       Kind       Personal Best

**Location**

- |                                     |                                       |  |
|-------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Classroom  | <input type="checkbox"/> Cafeteria    | <input type="checkbox"/> Pick-up Area _____                |
| <input type="checkbox"/> Playground | <input type="checkbox"/> Bus          | <input type="checkbox"/> BASRP                             |
| <input type="checkbox"/> Bathroom   | <input type="checkbox"/> Computer Lab | <input type="checkbox"/> Special event/assembly/field trip |
| <input type="checkbox"/> Hallway    | <input type="checkbox"/> Library      | <input type="checkbox"/> Other _____                       |

**Problem Behavior (check most intensive)**      **Circle One\*:**    4 minors      1 major

- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Electronic Device Violation                        | <input type="checkbox"/> Lying/Cheating            |                                       |
| <input type="checkbox"/> Abusive/Inappropriate Language                     | <input type="checkbox"/> Fight/Physical Aggression |                                       |
| <input type="checkbox"/> Dress Code   | <input type="checkbox"/> Vandalism                 | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Harassment/Tease/Taunt                             | <input type="checkbox"/> Theft                     |                                       |
| <input type="checkbox"/> Defiance/Disrespect/Insubordination/Non-compliance |  |                                       |

Specific actions: \_\_\_\_\_

**Administrative Decision:**

- |   |  |  |                                      |
|---|--|--|--------------------------------------|
| <input type="checkbox"/> Time in Office             | <input type="checkbox"/> Peer Mediation    | <input type="checkbox"/> In School Suspension      | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Loss of Privilege          | <input type="checkbox"/> Detention         | <input type="checkbox"/> Out of School Suspension  |                                      |
| <input type="checkbox"/> Conference with Student    | <input type="checkbox"/> Parent Phone Call | <input type="checkbox"/> Written Referral Home     |                                      |
| <input type="checkbox"/> Individualized Instruction | <input type="checkbox"/> Parent Conference | <input type="checkbox"/> On Going Admin. Follow Up |                                      |

**Comments:** \_\_\_\_\_

**Administrator Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

cc: parent, administration

\* Please sign and return the next school day.

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OFFICE DISCIPLINE REFERRAL**

**Student** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Homeroom Teacher** \_\_\_\_\_ **Room** \_\_\_\_\_

**Expectation Not Met**       Safe       Kind       Ready To Learn

**Location**

- |                                     |                                       |  |
|-------------------------------------|---------------------------------------|--|
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| <input type="checkbox"/> Playground | <input type="checkbox"/> Bus          | <input type="checkbox"/> BASRP                             |
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**Comments:** \_\_\_\_\_

**Administrator Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

cc: parent, administration

\* Please sign and return the next school day.