

**SCHOOL BOARD REFERRAL FOR DISCIPLINARY ACTION**

**Student's Name** \_\_\_\_\_ **School** \_\_\_\_\_

**Principal Making Referral** \_\_\_\_\_

**Student's Grade** \_\_\_\_\_ **Age** \_\_\_\_\_ **DOB** \_\_\_\_\_

**Reason for Referral to Board** \_\_\_\_\_

\_\_\_\_\_

**Summary of Other Infractions this School Year** \_\_\_\_\_

\_\_\_\_\_

**Days in attendance** \_\_\_\_\_ **Absences** \_\_\_\_\_

**Schools attended this school year** \_\_\_\_\_

**Number of times placed in ISI** \_\_\_\_\_

**Number of times placed in OSS** \_\_\_\_\_

**List behavioral strategies implemented prior to Board Referral (e.g., counseling, behavior modification plan, functional behavioral assessment, etc.**

\_\_\_\_\_

**List previous contact with parents** \_\_\_\_\_

**Has the student been referred to youth court** \_\_\_\_ Yes \_\_\_\_ No

**If yes, what is the current status?** \_\_\_\_\_

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**Has the student had a prior referral this school year to the board or the Alternative School ? No \_\_\_\_\_ Yes \_\_\_\_\_ List dates, offenses and disciplinary action taken. \_\_\_\_\_**

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**Has the student been referred to the Teacher Support Team? No \_\_\_\_\_**

**Yes \_\_\_\_\_ If yes, what action was taken by TST? \_\_\_\_\_**

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**Please attach copies of discipline records and grades.**