

Columbia High School

Discipline Referral

Student: _____ Date: _____ Referred by: _____

Location: _____ Time/period: _____

- | | | | | | |
|---|-----|---|-----|---|-----|
| <input type="checkbox"/> Classroom Disruption | CLD | <input type="checkbox"/> Inappropriate Computer Usage | ICU | <input type="checkbox"/> Bullying | BUL |
| <input type="checkbox"/> Profanity/Foul Language | PRO | <input type="checkbox"/> Failure to identify self | FIS | <input type="checkbox"/> Harassment | HAS |
| <input type="checkbox"/> Insubordination | INS | <input type="checkbox"/> Forgery | FRG | <input type="checkbox"/> Intimidation | INT |
| <input type="checkbox"/> Plagiarism/Cheating | PLA | <input type="checkbox"/> Security Concerns | SEC | <input type="checkbox"/> Assault of student w/o injury | AST |
| <input type="checkbox"/> Excessive Tardies | EXT | <input type="checkbox"/> Theft | THF | <input type="checkbox"/> Assault of student with injury | ASW |
| <input type="checkbox"/> Leaving Class Early | LCP | <input type="checkbox"/> Vandalism | VAN | <input type="checkbox"/> Fighting w/o injury | FGT |
| <input type="checkbox"/> Unexcused Absences | ABS | <input type="checkbox"/> Insult/Threaten Staff | ITS | <input type="checkbox"/> Fighting with injury | FGW |
| <input type="checkbox"/> Skipped assembly | SKC | <input type="checkbox"/> Smoking/Tobacco | TOB | <input type="checkbox"/> Malicious Mischief | MCH |
| <input type="checkbox"/> Skipping Class | SKC | <input type="checkbox"/> Alcohol Possession | ALC | <input type="checkbox"/> Knife or Dagger | KOD |
| <input type="checkbox"/> Failure to serve detention | SKD | <input type="checkbox"/> Marijuana Possession | MAR | <input type="checkbox"/> Firearm Possession | FRM |
| <input type="checkbox"/> Failure to sign out | LSP | <input type="checkbox"/> Other Illegal Drugs | ILD | <input type="checkbox"/> Weapons Other | WEA |
| <input type="checkbox"/> Freshman left campus | LSP | <input type="checkbox"/> Public Display of Affection | PDA | <input type="checkbox"/> Gang Activity | GRT |
| <input type="checkbox"/> Other: Explain below | MIS | | | | |

Teacher/Staff action taken prior to office referral:

Description of incident

Parent contacted: _____ Date: _____

Corrective Action:

<input type="checkbox"/> Warning- Conference with student	Date of conference:	
<input type="checkbox"/> Assigned lunch detention	Number of days:	Dates:
<input type="checkbox"/> In-school suspension	Number of days:	Dates:
<input type="checkbox"/> Out-of-school suspension	<input type="checkbox"/> Short term <input type="checkbox"/> Long term <input type="checkbox"/> Expulsion	Dates:
<input type="checkbox"/> Community Service	Number of hours:	Dates:

Teacher _____ Administrator _____ Date _____

Entered _____ Mailed _____ Date _____