

Gadsden County Public School Discipline Incident Form (Administrator & Data Entry Only)

NAME	GENDER M F	GRADE	REPORTED BY	DATE	TIME
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Reason for Referral: _____

INCIDENT LOCATION	NON-SESIR INCIDENTS
<input type="checkbox"/> (1) School Grounds: ___ Office ___ Bathroom/Restroom ___ Parking Lot ___ Bus ramp ___ Playground ___ Cafeteria ___ Other: _____ ___ Classroom ___ Commons/Common Area <input type="checkbox"/> (2) School-Sponsored Activity/Off Campus ___ Gymnasium/P.E. <input type="checkbox"/> (3) School-Sponsored Transportation: ___ Hallway/Breezeway Bus # _____/Bus Stop _____ ___ Library/Media Center	<input type="checkbox"/> Non-SESIR fighting <input type="checkbox"/> Tardy <input type="checkbox"/> Abusive/Inappropriate Language <input type="checkbox"/> Skip Class/Truancy <input type="checkbox"/> Defiance/Disrespect/Insubordination/Non-compliance <input type="checkbox"/> Dress Code Violation <input type="checkbox"/> Lying/Cheating <input type="checkbox"/> Theft under \$300 <input type="checkbox"/> Tease/Taunt (one event) <input type="checkbox"/> Use/Possession of Combustibles <input type="checkbox"/> Disruption - Minor <input type="checkbox"/> Property Damage under \$1000 <input type="checkbox"/> Other: _____
OFFENDER(S)	DISTRICT ACTION CODE
<input type="checkbox"/> (S) Student(s) <input type="checkbox"/> (B) Both student(s) and non-student(s) <input type="checkbox"/> (N) Non-student(s) only <input type="checkbox"/> (U) Unknown <input type="checkbox"/> (Z) N/A-Unsubstantiated	<input type="checkbox"/> Assigned Detention <input type="checkbox"/> Saturday School <input type="checkbox"/> Loss of Privileges <input type="checkbox"/> Bus Suspension <input type="checkbox"/> Conference with Student <input type="checkbox"/> In-school Suspension <input type="checkbox"/> Parent Conference <input type="checkbox"/> Out-of-School Suspension <input type="checkbox"/> No Action Taken <input type="checkbox"/> Other: _____ <input type="checkbox"/> Individualized Instruction
If multiple students, list: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____	

↓ SESIR INCIDENTS ↓ [See <http://www.fldoe.org/safeschools/sesir/>]

Incidents that are EXPECTED to include consultation with Law Enforcement	RELATED ELEMENTS	ACTION CODES FOR SESIR INCIDENTS
<input type="checkbox"/> (ALC) Alcohol <input type="checkbox"/> (ARS) Arson <input type="checkbox"/> (BAT) Battery <input type="checkbox"/> (BRK) Breaking & Entering/Burglary <input type="checkbox"/> (DOC) Disruption on Campus-Major <input type="checkbox"/> (DRD) Drug Sale/Distribution <input type="checkbox"/> Marijuana(M) <input type="checkbox"/> Other(O) <input type="checkbox"/> Non-Drug(N) <input type="checkbox"/> (DRU) Drug Use/Possession <input type="checkbox"/> Marijuana(M) <input type="checkbox"/> Other(O) <input type="checkbox"/> Non-Drug(N)	(Check all that apply) <input type="checkbox"/> Alcohol Related <input type="checkbox"/> Bullying Related <input type="checkbox"/> Drug Related <input type="checkbox"/> Gang Related <input type="checkbox"/> Hate Crime Related <input type="checkbox"/> Injury Related (check one): ___ (A) More Serious ___ (B) Less Serious <input type="checkbox"/> Weapon Related (check one): ___ (1) One non-firearm ___ (2) Two or more non-firearms ___ (3) At least one firearm ___ (4) Two or more firearms	<input type="checkbox"/> (I) In-School Suspension <input type="checkbox"/> (O) Out-of-School Suspension <input type="checkbox"/> (H) Suspension Extended, Pending Hearing (OSS only) <input type="checkbox"/> (E) Expulsion Without Services <input type="checkbox"/> Zero-Tolerance(Y) <input type="checkbox"/> (F) Expulsion With Services <input type="checkbox"/> Zero-Tolerance(Y) <input type="checkbox"/> (P) Alternative Placement <input type="checkbox"/> (S) SESIR Defined <input type="checkbox"/> (U) Change In Placement (students w/ disabilities) <input type="checkbox"/> (M) Mechanical Restraint <input type="checkbox"/> (R) Physical Restraint <input type="checkbox"/> (L) Seclusion <input type="checkbox"/> Non-student/Unknown: Discipline N/A <input type="checkbox"/> No Discipline-Unsubstantiated
May not require consultation with Law Enforcement	Weapon Description:	NOTES:
<input type="checkbox"/> (BUL) Bullying <input type="checkbox"/> (UBL) Unsubstantiated Bullying* <input type="checkbox"/> (HAR) Harassment	<input type="checkbox"/> (UHR) Unsubstantiated Harassment* <input type="checkbox"/> (FIT) Fighting <input type="checkbox"/> (SXH) Sexual Harassment <input type="checkbox"/> (TBC) Tobacco	<input type="checkbox"/> (F) Firearm, Other <input type="checkbox"/> (H) Handgun <input type="checkbox"/> (K) Knife <input type="checkbox"/> (O) Other Weapon <input type="checkbox"/> (R) Rifle/Shotgun <input type="checkbox"/> (U) Unknown <input type="checkbox"/> (M) Multi. Type Firearms

*Use these codes for incidents reported as BUL or HAR, that once investigated, do not meet the definition of BUL or HAR.

VICTIM(S)

For SESIR incidents highlighted above (TRE, BUL, HAR, UBL, UHR, SXH or any incident that is Bullying Related), complete the following:

Victim Name(s) or Student Number Identifier(s)	Basis for Bullying or Harassment (check all that apply)
_____	<input type="checkbox"/> Race <input type="checkbox"/> Gender M/F <input type="checkbox"/> Disability
_____	<input type="checkbox"/> Race <input type="checkbox"/> Gender M/F <input type="checkbox"/> Disability
_____	<input type="checkbox"/> Race <input type="checkbox"/> Gender M/F <input type="checkbox"/> Disability
_____	<input type="checkbox"/> Race <input type="checkbox"/> Gender M/F <input type="checkbox"/> Disability