



South Bend Community School Corporation Office Discipline Referral

Student _____ ID _____ Grade _____ Gender _____ Race 1 2 3 4 5 6 (Admin only)

Staff Member _____ Room _____ Parent Phone # _____ IEP BIP ILP 504

LEVEL I (1-3) Inappropriate Behaviors: Classroom Teacher/Staff Member

1. Time: 7-8 am 8-9 am 9-10 am 10-11 am 11-12 pm 12-1 pm 1-2 pm 2-3pm _____

Location: Classroom Hall Library Computer Lab Office Restroom Cafeteria Gym Locker Room Auditorium

Date: _____ Grounds/Playground Bus Field Trip

Behavior: A. Improper Use of Technology B. Disrespectful Behavior C. Dress Code D. Attendance E. Inappropriate Language/
 Gestures/Disruptive/ Disorderly Conduct F. Academic Dishonesty

Strategies Used/BIP: Time-Out Frequent Breaks De-escalation Tech/s Designated Person Controlled Choices Accommodations

Brief description: _____

Parent contacted & student reminded of expectation: _____

Other Strategies/BIP: _____

2. Time: 7-8 am 8-9 am 9-10 am 10-11 am 11-12 pm 12-1 pm 1-2 pm 2-3pm _____

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Parent contacted & student reminded of expectation: _____

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LEVEL II Seriously Disruptive Behaviors, LEVEL III Most Seriously Disruptive Behaviors: Main Office Administrator

Time: 7-8 am 8-9 am 9-10 am 10-11 am 11-12 pm 12-1 pm 1-2 pm 2-3pm _____

Location: Classroom Hall Library Computer Lab Office Restroom Cafeteria Gym Locker Room Auditorium

Date: _____ Grounds/Playground Bus Field Trip

LEVEL II Behaviors

G. Prolonged Interruption H. Theft/Forgery I. Failure to s/Serve J. Vandalism K. Tardiness (9+) L. Bully/Harassment M. Provocation/Injury to Others N. Sexual Conduct O. Fireworks 4th Violation of Level 1 Behaviors

LEVEL III Behaviors

P. Firearm/s/Weapons Q. Drugs/Alcohol R. Assault/Battery

Strategies Used/BIP: Time-Out Frequent Breaks De-escalation Tech/s Designated Person Controlled Choices Accommodations Bomb/False Alarm Persistent, severe or unwanted sexual conduct

Brief description: _____

Parent Contact (date/time/name): _____

ACTION TAKEN

Restitution Detention: A.M./P.M./ After School/In School ISS date(s) _____ Alternative Placement Home Isolation Referral - TOR/Staffing/Case Conference Referral to SAT/Behavioral Contract Referral to Bilingual Education Specialist Saturday School Detention 1 2 3 4 hour(s) OSS date(s) _____ Request for Expulsion/MDC Seclusion/Restraint SRO/SBPD/SJCPD (Remainder of 1 day only)

Date: _____ Administrator Signature: _____ Student Signature: _____

White – File Canary – Guidance/CR-PBIS Team Pink – Admin to Return to Staff Gold – Staff Member Rev. 8/18/14