STUDENT DISCIPLINARY ACTION FORM

Date      Time         Course         Location

Teacher’s Name                Time Block            School Name                  School Code

Student Name _____________________________________ Student ID # ________________

Grade __________________ Phone (Home) _____________ (Work) ____________________

Gender ________ Race:    □ Asian        □ Am. Indian        □ White         □ Black       □ Hispanic

Description of Violation: _____________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Classroom Intervention Plan

____ Detention _____________ (type)   _____ Parent Contact ____________ (how)

____ Student Conference     _____ Parent Conference

____ Functional Assessment of Behavior   _____ Other (explain)

____ Behavior Plan

Referral to:

____ Administrator    ____ Counselor

Administrator’s Report

Summary of Student Statement: _______________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Code of Conduct Violation: __________________________
Description: _______________________________________________________________________

Action Level: _____________________________________________________________________

____ Short-term suspension is assigned for a period of ____ days, (not to exceed 10 days), until
____ day of __________, 20____.

____ Long-term suspension and Due Process Hearing (attach notice). An Educational Plan is
required for suspensions more that 5 days. Student suspensions for possession of dangerous weapons,
controlled substances or firearms are not entitled to an Educational Plan. Student is not allowed to be in or
on school property, or participate in extra curricular activities until suspension is served.

Teacher’s Signature: __________________________   Student’s Signature: _________________________

Administrator’s Signature: __________________________

Cc: Administrator          Parent          Student

Revised January 2009