

Elementary Disciplinary Referral Form / Parental Notification
OFFICIAL DOCUMENTATION
Troup County School System

Student _____ ID # _____ School _____ Grade _____

Incident Date ____ / ____ / ____ Referring / Homeroom Teacher _____ # _____

Brief Description of Behavior

Teacher Signature: _____ Date: _____

Previous Action Taken by Teacher:

- | | | | | |
|---|---|--|---|---|
| <input type="checkbox"/> Conference with Student | <input type="checkbox"/> Changed Seating Assignment | <input type="checkbox"/> Time-out In Class / Other | <input type="checkbox"/> Telephoned Parent (____ / ____ / ____) | <input type="checkbox"/> Note to Parent (date ____ / ____ / ____) |
| <input type="checkbox"/> Conference with Parent (date ____ / ____ / ____) | <input type="checkbox"/> Detained After School | <input type="checkbox"/> Referred to Administrator | <input type="checkbox"/> Referred to School Counselor | <input type="checkbox"/> Developed Contract |
| <input type="checkbox"/> Referred to SST | <input type="checkbox"/> Other: _____ | | | |

Reason for Referral:

Teacher Referral	Infraction	Serious Infraction Code	Minor Infraction Code
<input type="checkbox"/>	Cheating	--	<input type="checkbox"/> 44
<input type="checkbox"/>	Continuous Disruption	--	<input type="checkbox"/> 74
<input type="checkbox"/>	Disruptive Behavior	--	<input type="checkbox"/> 43
<input type="checkbox"/>	Fighting	<input type="checkbox"/> 08	<input type="checkbox"/> 48
<input type="checkbox"/>	Non-completion of Assignments	--	<input type="checkbox"/> 42
<input type="checkbox"/>	Refusal to Cooperate	--	<input type="checkbox"/> 31
<input type="checkbox"/>	Rude / Disrespectful	--	<input type="checkbox"/> 46
<input type="checkbox"/>	Sexual Harassment	<input type="checkbox"/> 15	<input type="checkbox"/> 38
<input type="checkbox"/>	Slapping / Hitting / Pushing	--	<input type="checkbox"/> 59
<input type="checkbox"/>	Threats to Others	<input type="checkbox"/> 17	<input type="checkbox"/> 49
<input type="checkbox"/>	Use of Profanity	--	<input type="checkbox"/> 47
<input type="checkbox"/>	Other:	<input type="checkbox"/> ____	<input type="checkbox"/> ____

Administrative Actions: (Check Codes)

State Reported	Non-Reported	Description
--	<input type="checkbox"/> 01	Administrative Counseling / Reprimand
--	<input type="checkbox"/> 11	Parent Contacted – Called _____ at # _____ on ____ / ____ / ____.
--	<input type="checkbox"/> 16	Parent must accompany child to school before he/she can return on ____ / ____ / ____.
--	<input type="checkbox"/> 17	Time-Out
--	<input type="checkbox"/> 34	Parent Conference Required - Scheduled on ____ / ____ / ____ at ____.
<input type="checkbox"/> 30	--	Out of School Suspension # Days ____ Begin ____ / ____ / ____ Pending Tribunal <input type="checkbox"/>
<input type="checkbox"/> ____	<input type="checkbox"/> ____	Other:

Administrator Comments:

Parent's Comments:

Signature of Administrator

Signature of Parent

Date