

# Dassa McKinney Elementary School

## School Wide Discipline Form

Student(s) \_\_\_\_\_ Referring Staff \_\_\_\_\_ Homeroom \_\_\_\_\_ Date/Time \_\_\_\_\_

**Location**

<input type="checkbox"/> Bathroom/Restroom	<input type="checkbox"/> Gym	<input type="checkbox"/> Playground/Ball Field/Parking Lot
<input type="checkbox"/> Loading/Unloading Zone	<input type="checkbox"/> Hallway	<input type="checkbox"/> Library
<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Classroom	<input type="checkbox"/> Office
<input type="checkbox"/> Bus	<input type="checkbox"/> Other _____	

**Report of Incident:**

**Possible Motivation**

<input type="checkbox"/> Avoid Adult	<input type="checkbox"/> Avoid Tasks/Activities	<input type="checkbox"/> Obtain Adult Attention
<input type="checkbox"/> Avoid Peer(s)	<input type="checkbox"/> Obtain Items/Activities	<input type="checkbox"/> Obtain Peer Attention

**Others Involved**

<input type="checkbox"/> Bus Driver	<input type="checkbox"/> Peers	<input type="checkbox"/> Teacher/Staff/Substitute
<input type="checkbox"/> Staff	<input type="checkbox"/> None	<input type="checkbox"/> Other _____

**Problem Behaviors (to be completed by the Administrator)**

<p><b>MINOR</b></p> <input type="checkbox"/> Disrespect <input type="checkbox"/> Disruption <input type="checkbox"/> Inappropriate Language <input type="checkbox"/> Property Misuse <input type="checkbox"/> Technology Violation <input type="checkbox"/> Dress Code Violation <input type="checkbox"/> Physical Contact (Touching) <input type="checkbox"/> Technology Violation <input type="checkbox"/> Incomplete Homework Assignments	<p><b>MAJOR</b></p> <input type="checkbox"/> Abusive/Inapp/Profane Lang. <input type="checkbox"/> Out of Assigned Area <input type="checkbox"/> Technology Violation <input type="checkbox"/> Defiance/Insubordination <input type="checkbox"/> Disruption/Disrespect <input type="checkbox"/> Dress Code Violation <input type="checkbox"/> Lying/Cheating <input type="checkbox"/> Incomplete Homework/Work <input type="checkbox"/> Forgery/Stealing/Plagiarism <input type="checkbox"/> Inapp. Display of Affection <input type="checkbox"/> Property Damage <input type="checkbox"/> Physical Contact/Aggression	<p><b>STATE REPORTABLE</b></p> <input type="checkbox"/> Threat Towards Peer/Staff <input type="checkbox"/> Fighting <input type="checkbox"/> Drugs/Alcohol/Tobacco <input type="checkbox"/> Weapons <input type="checkbox"/> Bullying <input type="checkbox"/> Bomb Threat/False Alarm <input type="checkbox"/> Assault <input type="checkbox"/> Harassment <input type="checkbox"/> Theft
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**Administrative Decision**

<input type="checkbox"/> Conference With Student	<input type="checkbox"/> Lunch Detention	<input type="checkbox"/> Referred to Guidance
<input type="checkbox"/> Parent Contact	<input type="checkbox"/> Loss of Privilege/Recess	<input type="checkbox"/> Referred to _____
<input type="checkbox"/> Conflict Resolution	<input type="checkbox"/> Bus Suspension	<input type="checkbox"/> Law Enforcement Contacted
<input type="checkbox"/> Behavior Log	<input type="checkbox"/> <b>Detention Date(s)</b> _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> <b>Out of School Suspension - # of Days</b> _____		<input type="checkbox"/> <b>In School Suspension - # of Days</b> _____

**Due Process Questions for Student:**

1. Do you understand why you are referred to the office?	Yes	No
2. Can you tell me what you were supposed to be doing?	Yes	No

**Questions for Principal to consider:**

3. Is there a pattern to this type of inappropriate behavior?	Yes	No
4. Does this student have a current IEP or 504 plan?	Yes	No
5. If so, will this cause the student to exceed 10 consecutive or 15 cumulative days of suspension?	Yes	No
6. If the answer to number 4 and 5 are yes, refer to the Special Education Director.		

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Administrator Signature

\_\_\_\_\_  
Date