

WHITE — Student Support Team
GREEN — Principal
CANARY — Area Superintendent
PINK — Office of Student Discipline
GOLDENROD — Parent/Guardian (within 24 hrs.)

TEACHER DISCIPLINE REFERRAL



Dallas Independent School District

STUDENT INFORMATION

<u>LOC</u>	<u>Last Name</u>	<u>First Name</u>	<u>M.I.</u>	<u>Grade</u>	<u>Student I.D.</u>	<u>MONTH DAY YEAR</u>	<u>DATE</u>
						<i>Date of Birth</i>	
Gender	<u>Male</u> <u>Female</u>	Student Address			Home Phone ()		
		<i>Apt. #</i>	<i>Zip Code</i>				
Parent/Guardian Name				Business Phone ()			
School _____							

CHECK IF APPROPRIATE:	Federal Lunch Program:	Ethnicity:	
Special Education _____	<input type="checkbox"/> Free	<input type="checkbox"/> American Indian or Native Alaskan	<input type="checkbox"/> Hispanic
M/M Transfer _____	<input type="checkbox"/> Reduced	<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Anglo/White
504 _____		<input type="checkbox"/> African-American (Black)	<input type="checkbox"/> Other

This form is to be used for referrals to the principal or designee for violations of classroom/local campus rules, violations of the Student Code of Conduct, or teacher removal.

Indicate type of referral below:

Local Campus/Classroom Rule Violation
 Student Code of Conduct Violation
 Teacher Removal

Description of Student's Behavior(s) _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	Date of Incidents
Previous Action Taken: (Include Parental Contacts) Description of Action: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	Date of Incidents
Please attach any additional documentation <i>Teacher Signature:</i> _____ <i>Date:</i> _____	

Administrative Disposition — Action Taken:

Type of Parent/Guardian Contact:

_____ Campus Level Conference/Date(s): _____

_____ Formal Conference/Date(s): _____

_____ Expulsion Hearing/Date(s): _____

_____ Administrator's Signature: _____ Date: _____