



ISIS DISCIPLINE REFERRAL

I. GENERAL STUDENT INFORMATION

Last Name:	First:	Grade:	Student ID:
Incident Date:	Incident Time:	Date of Referral:	
Location/Context:	<input type="checkbox"/> Classroom	<input type="checkbox"/> Non-Classroom	<input type="checkbox"/> Going to or coming from school
	<input type="checkbox"/> School-sponsored activity	<input type="checkbox"/> At another school	<input type="checkbox"/> During lunch
		<input type="checkbox"/> Other _____	

II. REASON FOR REFERRAL *event code*

<input type="checkbox"/> 3.1 Threatened/caused/attempted physical injury	<input type="checkbox"/> 3.17 Harassed/threatened intimidated witness
<input type="checkbox"/> 3.2 Marijuana possession for 1st offense of less than 1 oz	<input type="checkbox"/> 3.19 Selling or arranging to sell the prescription drug Soma
<input type="checkbox"/> 3.3 Substitute of a controlled substance	<input type="checkbox"/> 3.20 Hazing
<input type="checkbox"/> 3.4 Damaged/attempt to damage school or private property	<input type="checkbox"/> 3.21 Bullying/Cyber bullying
<input type="checkbox"/> 3.5 Stole or attempted to steal school or private property	<input type="checkbox"/> 3.22 Aided or abetted the infliction of physical injury to another
<input type="checkbox"/> 3.6 Possessed or used tobacco	<input type="checkbox"/> 2.1 Serious physical injury/not self-defense
<input type="checkbox"/> 3.7 Obscenity/profanity/vulgarity	<input type="checkbox"/> 2.2 Knife or other dangerous object
<input type="checkbox"/> 3.8 Drug paraphernalia	<input type="checkbox"/> 2.3 Possession of controlled subs, except 1 st offense of marijuana of < 1 oz
<input type="checkbox"/> 3.9 Disruption/willful defiance	<input type="checkbox"/> 2.4 Robbery/extortion
<input type="checkbox"/> 3.10 Received stolen school or private property	<input type="checkbox"/> 2.5 Assaulted/battered school employee
<input type="checkbox"/> 3.11 Imitation firearm	<input type="checkbox"/> 1.1 Firearm*
<input type="checkbox"/> 3.12 Harassed/threat/intimidated pupil/school personnel (gr 4-12)	<input type="checkbox"/> 1.2 Brandished knife at another person*
<input type="checkbox"/> 3.13 Sexual harassment (gr 4-12)	<input type="checkbox"/> 1.3 Sold controlled substance*
<input type="checkbox"/> 3.14 Hate violence (gr 4-12)	<input type="checkbox"/> 1.4a Sexual assault/battery*
<input type="checkbox"/> 3.15 Terroristic threat (threat to cause death, great bodily injury)	<input type="checkbox"/> 1.4b Sexual battery*
<input type="checkbox"/> 3.16 Willful use of force/violence not self-defense	<input type="checkbox"/> 1.5 Explosive*

Possible Motivation: Avoid Situation Avoid Adult Avoid Peer Avoid Task Seek Attention Obtain Activity/Item Unknown

DESCRIPTION OF INCIDENT:

III. INTERVENTION(S) (CHECK ALL THAT APPLY)

<input type="checkbox"/> Verbal Reminder(s) Date(s) _____	<input type="checkbox"/> Loss of Privileges
<input type="checkbox"/> Writing Reflections Date(s) _____	<input type="checkbox"/> Seat Change _____
<input type="checkbox"/> Individual Social Skills Instruction Date(s) _____	<input type="checkbox"/> Teacher Parent Conference Date(s) _____
<input type="checkbox"/> Teacher-Student Conference Date(s) _____	<input type="checkbox"/> Counseling by Support Staff _____
<input type="checkbox"/> Parent Contact _____ Date(s) _____	<input type="checkbox"/> Detention Date(s) _____
<input type="checkbox"/> Other Action(s) _____	

Referred by:

Position:

Signature:

IV. ADMINISTRATIVE ACTION (TO BE COMPLETED BY RESPONDER) *response code*

<input type="checkbox"/> Counseling by Support Staff _____	<input type="checkbox"/> Substance Abuse Referral _____
<input type="checkbox"/> Daily Monitoring by _____	<input type="checkbox"/> Referral to Community Agency _____
<input type="checkbox"/> Peer Mediation	<input type="checkbox"/> Campus Beautification Date(s) _____
<input type="checkbox"/> Behavior Contract	<input type="checkbox"/> Detention Date(s) _____
<input type="checkbox"/> Behavior Support Plan	<input type="checkbox"/> Class Suspension Date(s) _____
<input type="checkbox"/> Support Personnel Referral	<input type="checkbox"/> In-School Suspension Date(s) _____
<input type="checkbox"/> Referral to <input type="checkbox"/> COST <input type="checkbox"/> SST <input type="checkbox"/> DRT	<input type="checkbox"/> School Suspension Date(s) _____
<input type="checkbox"/> Parent Contact _____ Date(s) _____	<input type="checkbox"/> Law Enforcement Notification Date _____
<input type="checkbox"/> Crisis/Threat Assessment Date(s) _____	<input type="checkbox"/> Opportunity Transfer (Progressive Discipline)
<input type="checkbox"/> Referral to School Program/Service _____	<input type="checkbox"/> Opportunity Transfer (Single Serious Act)
<input type="checkbox"/> Parent Education Referral _____	<input type="checkbox"/> Recommended for Expulsion
<input type="checkbox"/> Gang Reduction Referral _____	<input type="checkbox"/> Other: _____

Responder:

Position:

Signature:

COMMENTS:

*Requires recommendation for expulsion as the Administrative Action