

Student's Name _____ School Year _____
 Student ID _____ Phone # _____

Grade: K _____ 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____	Parent Contact Log P--Phone R--Referral Sent C--Conference RS--Referral Signed Date
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Level 1 Minor Offenses Offense # _____	Level 2 Offense # _____	Level 3 Offense # _____	Level 4 Offense # _____
<input type="checkbox"/> Failure to obey safety procedures <input type="checkbox"/> General disruption outside class <input type="checkbox"/> Refusal to do work <input type="checkbox"/> Horseplay/hitting <input type="checkbox"/> Littering <input type="checkbox"/> Picking up gravel <input type="checkbox"/> Name calling <input type="checkbox"/> Unauthorized area	<input type="checkbox"/> Disrespect/Defiance <input type="checkbox"/> Disruption/class after instructed to quit <input type="checkbox"/> Fighting <input type="checkbox"/> Fighting – provoking <input type="checkbox"/> Forging/destruction official school correspondence <input type="checkbox"/> Leaving the area, without permission <input type="checkbox"/> Reckless play <input type="checkbox"/> Scratching/spitting <input type="checkbox"/> Minor threat against students or staff <input type="checkbox"/> Throwing dangerous objects <input type="checkbox"/> Damaging another's property <input type="checkbox"/> Cheating/lying <input type="checkbox"/> Refusal to go to office <input type="checkbox"/> Obscene Language (major) <input type="checkbox"/> Pushing/spitting/kicking /tripping/pinching <input type="checkbox"/> Second offense of Level 1	<input type="checkbox"/> Defiance(Persistent) <input type="checkbox"/> Bullying <input type="checkbox"/> Defacing/destruction of property \$15+ <input type="checkbox"/> Severe Fighting <input type="checkbox"/> Harassment, racial/ethnic <input type="checkbox"/> Leaving school grounds <input type="checkbox"/> Offensive touching <input type="checkbox"/> Scratching/biting people spitting <input type="checkbox"/> Sexual harassment <input type="checkbox"/> Theft of money or property <input type="checkbox"/> Threat/students/staff/school <input type="checkbox"/> Harassment of person including staff <input type="checkbox"/> Second offense of Level 2	<input type="checkbox"/> Severe threat <input type="checkbox"/> Severe violence against staff or students <input type="checkbox"/> Weapon (Dangerous) <input type="checkbox"/> Second offense of Level 3

Date of Offence and Consequences _____

TO BE COMPLETED BY ADMINISTRATOR OR DESIGNEE

Actions: 1. Parent/Student Conference 2. Assigned specific duties as punishment 3. Excluded from privileges or recess
 4. Detention 5. Verbal Warning 6. Written Assignment 7. Student/Teacher Contract 8. In-house suspension
 9. Out of school suspension 10. Other _____

Location: C—Classroom B-- Bus CA—Cafeteria H—Halls P—Playground R--Rest Room O--Other

<u>Date</u>	<u>Level</u>	<u>Location</u>	<u>Consequence</u>