



Stage 2 and 3 OFFICE DISCIPLINE REFERRAL

Incident Reported by: _____ Date of Incident: _____ Time _____ am or pm

STUDENT:

- | | | | | |
|-----------------------------------|------------------------------------|--------------------------------------------|----------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Bathroom | <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Gym | <input type="checkbox"/> Library | <input type="checkbox"/> Playground |
| <input type="checkbox"/> Bus (on) | <input type="checkbox"/> Classroom | <input type="checkbox"/> Hallway | <input type="checkbox"/> Office | <input type="checkbox"/> Special Event/Field Trip |
| <input type="checkbox"/> Bus area | <input type="checkbox"/> Commons | <input type="checkbox"/> Counseling Office | <input type="checkbox"/> Other | <input type="checkbox"/> Stairs |

DESCRIPTION OF INCIDENT: WHAT HAPPENED? (Include quotes, facts & details; attach added information if necessary)

Stage 2 (Significant or Intense) or Chronic Early-Stage Misbehavior (attach Stage 1 Behavior Report)
Stage 3 (Extreme and/or Harmful to Others)

Prior Teacher/Staff Interventions: Re-taught Rule, Warnings, Teacher/Student Conference, Time Out, Parent/Guardian Contact, Detention, Loss of Privilege, Other

PARENT/GUARDIAN CONTACT email, fax, home visit, letter, parent conference, telephone, voice message

Date: _____ Contacted by: _____ Conference/hearing date & time: _____

For Administrative Use Only



- | | | | |
|---------|------------------------------------------------------------------------|-----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| Stage 2 | <input type="checkbox"/> Language, Abusive/Profane | <input type="checkbox"/> Indecent (Obscene) Gesture | <input type="checkbox"/> Reckless Vehicle Use |
| | <input type="checkbox"/> Class Cutting/Leaving w/o Permission | <input type="checkbox"/> Interference w/ School Personnel | <input type="checkbox"/> Tardiness |
| | <input type="checkbox"/> Deliberate Misuse of Property | <input type="checkbox"/> Intimidation | <input type="checkbox"/> Technology, Use Violation |
| | <input type="checkbox"/> Display of Patently Offensive Material | <input type="checkbox"/> Loitering | <input type="checkbox"/> Theft: Minor |
| | <input type="checkbox"/> Disruptive Conduct | <input type="checkbox"/> Off Limits | <input type="checkbox"/> Trespassing |
| | <input type="checkbox"/> Dress Code Violation | <input type="checkbox"/> Physical Contact, inappropriate | <input type="checkbox"/> Truancy |
| | <input type="checkbox"/> Forgery | <input type="checkbox"/> Plagiarism/Cheating | |
| | <input type="checkbox"/> Gambling | <input type="checkbox"/> Possession of Prohibited Item | |
| | <input type="checkbox"/> Insubordination/Defiance/Willful Disobedience | <input type="checkbox"/> Possession/Use of Stolen Property | |
| | | <input type="checkbox"/> Property Damage - Minor | |
| Stage 3 | <input type="checkbox"/> Alcohol/Drug | <input type="checkbox"/> Gang Member Identifier | <input type="checkbox"/> Theft: Major |
| | <input type="checkbox"/> Arson or Attempted Arson | <input type="checkbox"/> Harassment or Bullying Based on: | <input type="checkbox"/> Threat Causing Fear of Harm |
| | <input type="checkbox"/> Physical Attack / Harm | <input type="checkbox"/> Disability, Sex, Sexual Orientation or | <input type="checkbox"/> Tobacco, Use and/or Possession |
| | <input type="checkbox"/> Bomb Threat | <input type="checkbox"/> Gender Expression, Race, Color, | <input type="checkbox"/> Weapon: <i>Call Student Conduct Coordinator (503) 916-3711 immediately to consult about next steps.</i> |
| | <input type="checkbox"/> Burglary | <input type="checkbox"/> National Origin, or Religion | |
| | <input type="checkbox"/> Extortion | <input type="checkbox"/> Hazing | |
| | <input type="checkbox"/> False Fire Alarm | <input type="checkbox"/> Indecent Exposure | |
| | <input type="checkbox"/> Fighting | <input type="checkbox"/> Property Damage - Major | |
| | <input type="checkbox"/> Firecrackers/Explosives | <input type="checkbox"/> Robbery | |
| | | | |

Violation of School Rules-Other: _____

Note: This document does NOT replace nor is it a substitute for suspension/expulsion notification letters.

ACTIONS/DISPOSITIONS	ACTIONS/DISPOSITIONS	Notes
<input type="checkbox"/> Conference <input type="checkbox"/> Letter of Apology <input type="checkbox"/> Student Contract <input type="checkbox"/> Detention <input type="checkbox"/> Community Service <input type="checkbox"/> Restitution <input type="checkbox"/> Restorative Process	<input type="checkbox"/> Loss of Privilege: <input type="checkbox"/> Computer, Gym, Library, Other <input type="checkbox"/> Suspension: Bus, In School, Out of School, Pending Expulsion <input type="checkbox"/> Notified Authorities <input type="checkbox"/> Other:	 Action First Day _____ Last Day _____

REFERRAL TO OTHER RESOURCES: _____ Date: _____

PARENT/GUARDIAN CONTACT email, fax, home visit, letter, parent conference, telephone, voice message Date: _____

Contacted by: _____ Conference/hearing date & time: _____

_____	_____	_____	_____
Principal/Designee	Date	Parent/Guardian	Date