

Houston Independent School District Discipline Referral Form

Campus Name: _____ Date of Referral: _____

Student ID: _____ Name: _____ Grade: _____ Gender: _____

Referred by: _____ Location of Infraction: _____

Incident Date: _____ Incident Time: _____ Room No.: _____ Phone: _____

Problem Behavior (i.e., unwanted behavior)	Replacement Behavior (i.e., desired behavior)	Interventions (i.e., Actions taken)	Reinforcement
Reason for Referral			Date

***** For Administrative Use Only *****

CHANCERY INCIDENT NUMBER: _____ Severity Level: ☐ Level 1 ☐ Level 2 ☐ Level 3 ☐ Level 4 ☐ Level 5

Local Reason (Offense) Code: _____ Local Action (Consequence) Code(s): _____

Select the Category of Incident for Bullying Allegations:

☐ Disability ☐ Race/Color/ National Origin ☐ Religion ☐ Sex ☐ Sexual Orientation ☐ Other: _____

PEIMS REASON (OFFENSE) CODE: _____ PEIMS ACTION (CONSEQUENCE) CODE(S): _____

Infraction Location Codes	<input type="checkbox"/> 01(On Campus)		<input type="checkbox"/> 04 (Off Campus, not school related/ sponsored activity)					
	<input type="checkbox"/> 02 (Off Campus, within 300 ft)		<input type="checkbox"/> 05 (On school property, or at school related/sponsored activity, of another school district)					
	<input type="checkbox"/> 03 (School Related/ Sponsored Activity Off Campus)							
PEIMS Actions (Consequences) Details:	Date Action Assigned	Begin Date	End Date	Days Assigned	Days Completed	Discrepancy Reason	Campus Assigned	Campus Responsible
In-School Suspension (ISS)								
Out-of-School Suspension (OSS)								
Placement in DAEP								
Expulsion to JJAEP								

OTHER ACTIONS: ARMS/Police Incident Number (if police notified) _____ Victim of Violent Crime Letter ☐ Y ☐ N

NOTE: Use one of the following PEIMS Action Codes when a Mandatory Action is not taken:

<input type="checkbox"/> 27 Special Ed. Student Date Action Assigned: _____ <input type="checkbox"/> Student's age and intent or lack of intent at the time the student engaged in the conduct <input type="checkbox"/> Student's attitude <input type="checkbox"/> Seriousness of the offense <input type="checkbox"/> Student's disciplinary history	<input type="checkbox"/> 28 Reason for use of Mandatory Action Not Taken Date Action Assigned: _____ <input type="checkbox"/> Potential effect of the misconduct on the school environment <input type="checkbox"/> The facts of the case warrant consideration of self-defense as a mitigating factor in the assessment of any punishment <input type="checkbox"/> The student has a disability that substantially impairs the student's capacity to appreciate the wrongfulness of the student's conduct <input type="checkbox"/> State law requirements for certain disciplinary consequences
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Administrator's Comments:

IMPORTANT NOTE: The campus discipline coordinator/principal must complete, sign and date the referral form before the data is entered into Chancery. Signature stamps and copies of signatures are invalid. Do not send referrals home that include the names of other students that were involved in the incident.

Administrator's Signature: _____ Date: _____

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____