|  |  |  |  |
| --- | --- | --- | --- |
| **Campus Name:** |  | **Date of Referral:** |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Student ID:** |  | **Name:** |  | **Grade:** |  | **Gender:** |  |

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| --- | --- | --- | --- |
| **Referred by:** |  | **Location of Infraction:** |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \***

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| **Incident ID** |  |  | **Severity Level:** | Level 1  Level 2  Level 3  Level 4  Level 5 |

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| --- | --- | --- | --- | --- |
| **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:\_\_\_\_\_\_\_\_\_\_\_** |

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| **PEIMS Reason (Offense) Code:**   **\_\_\_\_\_\_\_\_\_\_ PEIMS Action (Consequence) Code(s):**  \_\_\_\_\_\_**\_\_\_\_** | | | | | | | | | | | | | |
| **Infraction Location**  **Codes** |  | 01(On Campus)  02 (Off Campus, within 300 ft)  03 (School Related/ Sponsored Activity Off Campus) | | | | | 04 (Off Campus, not school related/ sponsored activity)  05 (On school property, or at school related/sponsored activity, of another school district) | | | | | | |
| **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:** | | | | | | | | | | | | | |
| **27 Special Ed. Student**  **Date Action Assigned:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Student's age and intent or lack of intent at the time the student engaged in the conduct  Student's attitude  Seriousness of the offense  Student's disciplinary history | | | | | **28 Reason for use of Mandatory Action Not Taken**  **Date Action Assigned:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Potential effect of the misconduct on the school environment  The facts of the case warrant consideration of self-defense as a mitigating factor in the assessment of any punishment  The student has a disability that substantially impairs the student's capacity to appreciate the wrongfulness of the student's conduct  State law requirements for certain disciplinary consequences | | | | | | | | |
| **Administrator’s Comments:** | | | | | | | | | | | | | |
| **IMPORTANT NOTE: The campus discipline coordinator/principal must complete, sign and date the referral form before the data is entered into HisdConnect. 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: | | |  | |