WALTER DOUGLAS ELEMENTARY SCHOOL
DISCIPLINE REFERRAL

Student Name: ___________________________ Grade _____ Date ______ Time ______

Referred by: ____________________________ Teacher: ____________________________

Location: ___________________________ Reason for referral: ____________________________

________________________________________________________________________

Action by teacher prior to referral: Action by Administration:

_____ Conference w/student
_____ Time out/Detention -- In Class
_____ Parent contact: phone call, note, conference
_____ Time out/Detention -- Outside of Class

_____ Conference/warning
_____ Administrative time out
 _____ Detention # ______ date(s)
 _____ Community Service # ______ date(s)
 _____ In-School Suspension # ______ date(s)
 _____ Suspension # ______ date(s)

1st offense occasional frequent habitual

Comments: ____________________________

________________________________________________________________________

________________________________________________________________________

_______________________________        _____________________________________
Administrator Signature        Parent Signature

Rev. APR 2016         9-FW30060