FLOWING WELLS JUNIOR HIGH - DISCIPLINE REFERRAL FORM

STUDENT ___________________________ ( ) PERIOD _______ DATE ________________

Last          First          MI          Grade

TEACHER ________________________________

NATURE OF PROBLEM ______________________________________________________________________________________

________________________________________________________________________________________________________

ACTION BY TEACHER BEFORE REFERRAL

_________ Student Conference _________ Detention

_________ Phone Call Home _________ Parent Conference

_________ Letter to Parent _________ Counselor Referral

ACTION BY ADMINISTRATION

Number of Times Referred

Conference with Pupil (warning/reprimand)

Assigned Detention

Referred to Counselor

Phone Call to Parents

Parent Conference Requested

Assigned Recourse _____ Days

Short-Term Suspension _____ Days

Recommended Long-Term Suspension

Rev. 2/2011

9-FW20100