

COTTON CENTER INDEPENDENT SCHOOL DISTRICT

CODE OF CONDUCT VIOLATION REFERRAL FORM

Student Name: _____ Date of Incident: _____

Teacher: _____ Time of Day: _____

Detailed Explanation of Misconduct: _____

Reported by: _____ **Date:** _____

PRIOR ACTION TAKEN BY TEACHER

- | | | |
|---|--|---|
| <input type="checkbox"/> Assigned different seat | <input type="checkbox"/> Parent conference | <input type="checkbox"/> Student conference |
| <input type="checkbox"/> Behavior modification plan | <input type="checkbox"/> Phone contact to parent | <input type="checkbox"/> Time out |
| <input type="checkbox"/> Detention | <input type="checkbox"/> Progress report sent home | <input type="checkbox"/> Verbal correction |
| <input type="checkbox"/> 2 nd Detention | <input type="checkbox"/> Referred to counselor | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Loss of Privileges/recess | <input type="checkbox"/> Referred to principal | _____ |

ACTION TAKEN BY ADMINISTRATOR

- | | | |
|--|--|---|
| <input type="checkbox"/> Apology | <input type="checkbox"/> Letter sent home | <input type="checkbox"/> Out of school suspension OSS |
| <input type="checkbox"/> Citation issued | <input type="checkbox"/> Parents contacted | <input type="checkbox"/> In-school suspension ISS |
| <input type="checkbox"/> Corporal punishment | <input type="checkbox"/> Self-imposed detention/report | <input type="checkbox"/> Short Term DAEP |
| <input type="checkbox"/> Counseled/Warned | <input type="checkbox"/> Detention | <input type="checkbox"/> Long Term DAEP |
| <input type="checkbox"/> Saturday School | <input type="checkbox"/> Emergency Removal | <input type="checkbox"/> Other _____ |

Administrator's Signature: _____ Date: _____