



# Monroeville Junior High Discipline Referral Form



<b>Student Name:</b>	<b>Date:</b>	<b>Time:</b>
<b>Referring Facilitator:</b>	<b>Grade:</b> 7              8	
<b>Location of Offense:</b> Classroom Hallway Restroom Cafeteria Playground Special Bus School Event Arrival/Dismissal		

<b>Offense:</b>	
<input type="checkbox"/> Minor Classroom Offense <input type="checkbox"/> Academic Dishonesty <input type="checkbox"/> Improper Social Acts <input type="checkbox"/> Dishonesty <input type="checkbox"/> Plagiarism	<input type="checkbox"/> Dress / Appearance <input type="checkbox"/> Throwing Objects <input type="checkbox"/> Insubordination <input type="checkbox"/> Misuse of Computers / Tech. Equipment <input type="checkbox"/> Major Classroom Offense

<b>Account of Events:</b>	<b>Compiled Offense Consequences:</b>
	<input type="checkbox"/> Warning <input type="checkbox"/> 3 Demerits = 1 detention <input type="checkbox"/> 5 Demerits = 2 detentions + Letter to parents <input type="checkbox"/> 10 Demerits = 3 detentions + phone call home <input type="checkbox"/> 15 Demerits = 4 detentions + Letter to parents <input type="checkbox"/> 20 Demerits = Referral to High School discipline policy <div style="text-align: right;">Office Use Only</div>
	<b>Student Signature:</b>

<b>POSSIBLE MOTIVATION:</b> <input type="checkbox"/> Obtain adult attention <input type="checkbox"/> Obtain peer attention <input type="checkbox"/> Obtain object/activity <input type="checkbox"/> Avoid adult <input type="checkbox"/> Avoid peer <input type="checkbox"/> Avoid task/activity <input type="checkbox"/> Unknown <input type="checkbox"/> Other:	<b>Date of Consequence Served:</b> Office Use Only
	<b>Facilitator / Administrator Comments:</b>
	<b>Facilitator Signature &amp; Date:</b>

**JR. HIGH: Bottom Copy to Student > 2nd Bottom Copy stays with Referring Facilitator > Final Copy to Mrs. Wise**

<b>To Be Completed By SWIS Entry Person:</b>	
<input type="checkbox"/> Team Consequences as seen above <input type="checkbox"/> Bus Suspension <input type="checkbox"/> Loss of privileges: _____	<input type="checkbox"/> Friday School <input type="checkbox"/> In-School Restriction <input type="checkbox"/> Out-of-School Suspension