

DOCUMENTED INTERVENTIONS (MINORS TO MAJORS)

Student Name: _____ ID: _____ Teacher: _____

Home Language: _____ Guardian #1's Cell Phone: _____ Guardian #2's Cell

Phone: _____ Guardian E-mail: _____ Grade _____ Semester: _____

Subject: _____ Hour: _____

RECURRING CLASSROOM OR HALLWAY BEHAVIOR:

- | | | |
|------------------|--------------------------|---|
| DATE(S)
_____ | <input type="checkbox"/> | Disrupting Instruction: Describe Behavior: _____ |
| _____ | <input type="checkbox"/> | Disrespectful of others |
| _____ | <input type="checkbox"/> | Non Participation |
| _____ | <input type="checkbox"/> | Not Prepared for Class |
| _____ | <input type="checkbox"/> | Dress Code Violation |
| _____ | <input type="checkbox"/> | Inappropriate Language |
| _____ | <input type="checkbox"/> | Sleeping |
| _____ | <input type="checkbox"/> | Violating Electronic Restrictions |
| _____ | <input type="checkbox"/> | Academic Misconduct on Formative Assignments (cheating/copying) |
| _____ | <input type="checkbox"/> | Gum Chewing/Eating During Class |
| _____ | <input type="checkbox"/> | Other: _____ |

REQUIRED INTERVENTIONS BEFORE REFERRAL SUBMISSION:

- | Student Initial | | DATE(S) |
|------------------------|--|----------------|
| _____ | 1. In class redirection and expectation clarification. | _____ |
| _____ | 2. Discuss problem behavior with student one on one & re-clarify class expectations: | _____ |
| _____ | 3. Discuss problem with colleague. Spoke to whom: _____ | _____ |
| _____ | 4. Contact guardian. Spoke to whom: _____ Circle: Email / Phone Call
(If multiple attempts are made to contact family Response : _____
to no avail. Inform admin.) | _____ |
| _____ | 5. Send to Responsibility Room: | _____ |
| _____ | 6. Assign detention. Notify guardian. Spoke to whom: _____ Circle: Email / Phone Call
Response: _____ | _____ |
| _____ | 7. Attach form to discipline referral and submit to the office. | _____ |

OPTIONAL INTERVENTIONS

Special Ed Provider ELD Specialist Counselor Social Worker Coach: _____

Other _____

If translation is needed contact: Dr. Elder #24708 Ms. Ellie Hammoud #24743 Ms. Makled#

AFTER STEP 6 SUBMIT A DISCIPLINE REFERRAL WITH THIS FORM ATTACHED.