

EASTPOINTE Middle School Student Referral Form

Student's Name _____

Date ___/___/___

Teacher _____

Period _____

Grade: 6 7 8 Location: Café Hallway Classroom
 Restroom Library Gym
 Hallway Other _____

Description of Incident:

****Bottom portion to be completed by administrator****

Reason for Referral

<input type="checkbox"/> Defiance	<input type="checkbox"/> Abusive Language
<input type="checkbox"/> Disruption	<input type="checkbox"/> Cell Phone (inappropriate use)
<input type="checkbox"/> Dress Code	<input type="checkbox"/> Disrespect
<input type="checkbox"/> Electronic Violation	<input type="checkbox"/> Fighting
<input type="checkbox"/> Inappropriate Display of Affection	<input type="checkbox"/> Harassment/Bullying
<input type="checkbox"/> Inappropriate Language	<input type="checkbox"/> Insubordination
<input type="checkbox"/> Physical Aggression	<input type="checkbox"/> Skipping Class/Truancy
<input type="checkbox"/> Loitering	<input type="checkbox"/> Vandalism
<input type="checkbox"/> Misconduct	<input type="checkbox"/> Other _____

Administrative Decision

Points awarded _____

Out of School Suspension (___ days)

Total Points _____

In-school Suspension (___ days)

Conference with student

Counselor Intervention

Community Service

Restorative Justice

Mediation

Detention

Parent Contact: Name _____

Notes: _____

Administrator Signature _____

Cc: Parent (mail/student) PBAP Team Leader Administration
 Procedural Safeguards