

Edcouch-Elsa Independent School District
Edcouch Elsa High School
LEVEL II DISCIPLINARY REFERRAL FORM

For PEIMS Clerk Use Only

Incident #

| STUDENT ID # | LAST NAME | FIRST NAME | GRADE LEVEL | LEVEL II REFERRAL DATE | MO. | DAY | YR. | TIME |
|--------------|-----------|------------|-------------|------------------------------|-----|-----|-----|------|
| | | | | | | | | |

| STUDENT'S PHONE #'s | PARENT'S CONTACTED | PERIOD | TEACHER'S NAME / ROOM # |
|---------------------|--------------------|--------|-------------------------|
| | | | |

| DESCRIPTION OF LEVEL II INCIDENT: | |
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OPTIONAL

List any LEVEL I disciplinary concerns and teacher interventions, if ANY, that have led to the LEVEL II referral.

| Date of Infraction | BRIEF DESCRIPTION OF INFRACTION | TEACHER INTERVENTIONS | PARENT CONTACT |
|--------------------|---------------------------------|-----------------------|----------------|
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TEACHER INTERVENTIONS: PARENT CONFERENCE CHANGE SEATING STUDENT CONFERENCE LUNCH DETENTION IN-CLASS SUSPENSION REFERRED TO COUNSELOR

FOR OFFICE USE ONLY

INFRACTION CODES:

DISCRETIONARY

MANDATORY PLACEMENTS TO DAEP

EXPULSION

| | | |
|--|--|---|
| <input type="checkbox"/> 2101 CLASS CUTTING | <input type="checkbox"/> 0730 VANDALISM | <input type="checkbox"/> 2100 VIOLATION OF STUDENT CODE OF CONDUCT |
| <input type="checkbox"/> 2105 LEAVING CAMPUS | <input type="checkbox"/> 2804 FIGHTING | <input type="checkbox"/> 0033 POSSESSION, USE, ACCEPTED TOBACCO PRODUCT |
| <input type="checkbox"/> 2107 TRUANCY (Court Order Only) | <input type="checkbox"/> 2806 PROFANE LANGUAGE | <input type="checkbox"/> 0830 WEAPONS (NON-PENAL) |
| <input type="checkbox"/> 2203 DRESS CODE VIOLATION | <input type="checkbox"/> 2703 THEFT | <input type="checkbox"/> 1330 SEXUALLY EXPLICIT BEHAVIOR |
| <input type="checkbox"/> 2306 INSUBORDINATE | <input type="checkbox"/> 0026 TERRORISTIC THREAT | <input type="checkbox"/> 2501 ASSAULT TOWARD STUDENT |
| <input type="checkbox"/> 2406 HORSEPLAY | <input type="checkbox"/> 2901 ALCOHOL | <input type="checkbox"/> 2604 ASSAULT TOWARD ADULT |
| <input type="checkbox"/> 2401 CLASS DISRUPTION | <input type="checkbox"/> 1001 DRUG COMSUMPTION | <input type="checkbox"/> 0804 FELONY WEAPONS POSSESSION (PENAL CODE) |
| <input type="checkbox"/> 2505 HARASSMENT | <input type="checkbox"/> 1004 DRUG POSSESSION | <input type="checkbox"/> 0036 FELONY POSSESSION OF CONTROLLED SUBSTANCE |

ADMINISTRATOR'S ACTION TAKEN:

| DATE OF ACTION: | PARENT CONTACTED | PARENT/CONTACT NAME | RELATION TO STUDENT | TIME |
|-----------------|------------------|---------------------|---------------------|------|
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|---|---|--|
| <input type="checkbox"/> 06 ISS | <input type="checkbox"/> 07 DAEP | <input type="checkbox"/> 05 OUT OF SCHOOL SUSPENSION (3 DAYS MAX) |
| <input type="checkbox"/> 26 PARTIAL DAY ISS | <input type="checkbox"/> C9 WRITTEN WARNING | <input type="checkbox"/> 25 PARTIAL OUT OF SCHOOL SUSPENSION |
| <input type="checkbox"/> B5 REFER TO COUNSELING | <input type="checkbox"/> D3 CORPORAL PUNISHMENT | |

WITNESS: _____

TOTAL NUMBER OF DAYS IN ISS: _____ Total # of Days Suspended: _____

DATE(S): _____ DATE(S): _____

REMARKS: _____

Administrator: _____