

SEALS STUDENT DISCIPLINE REFERRAL

STUDENT NAME: _____ MALE/FEMALE _____ GRADE: _____ BIP: YES /NO
TEACHER NAME: _____ DATE: _____ TIME: _____ PERIOD/CLASS: _____

- | | |
|--|---|
| <input checked="" type="checkbox"/> CLASS DISRUPTION | <input type="checkbox"/> FAILURE TO PARTICIPATE IN CLASS |
| <input type="checkbox"/> VERBAL AGGRESSION (STAFF/STUDENTS) | <input type="checkbox"/> PHYSICAL AGGRESSION (STAFF/STUDENT) |
| <input type="checkbox"/> DESTRUCTION OF SCHOOL PROPERTY | <input type="checkbox"/> REFUSAL TO PARTICIPATE |
| <input type="checkbox"/> DISOBEDIENT/REFUSAL TO FOLLOW DIRECTIONS | <input type="checkbox"/> PROFANITY/INAPPROPRIATE LANGUAGE |
| <input type="checkbox"/> DISRESPECT FOR AUTHORITY | <input type="checkbox"/> SLEEPING IN CLASS |
| <input type="checkbox"/> EXCESSIVE TALKING | <input type="checkbox"/> LEAVING CLASS WITHOUT PERMISSION/ELOPEMENT |
| <input type="checkbox"/> INAPPROPRIATE SOCIAL INTERACTIONS (STAFF/STUDENT) | <input type="checkbox"/> OTHER _____ |

TEACHER'S COMMENTS: (Use back side as needed) _____

PREVIOUS ACTION TAKEN BY TEACHER: _____

Parent/Guardian Notified Date: _____ Initials: _____
Method: Phone Email Letter In Person

TEACHER'S SIGNATURE _____

OFFICE USE

ACTION TAKEN BY ADMINISTRATION:

- | | |
|--|---|
| <input type="checkbox"/> WARNING | <input type="checkbox"/> VERBAL REPRIMAND |
| <input type="checkbox"/> LOSS OF PRIVILEGE _____ FOR _____ DAYS | <input type="checkbox"/> CORPORAL PUNISHMENT |
| <input type="checkbox"/> IN SCHOOL SUSPENSION (ISS) FOR _____ DAYS | <input type="checkbox"/> GOALS FOR _____ DAYS |
| <input type="checkbox"/> OUT OF SCHOOL SUSPENSION FOR _____ DAYS | <input type="checkbox"/> EMERGENCY REMOVAL |
| <input type="checkbox"/> REIMBURSEMENT FOR DAMAGES | <input type="checkbox"/> OTHER _____ |

STUDENT'S COMMENTS: _____

ADMINISTRATOR'S ACTIONS: _____

ADMINISTRATOR'S SIGNATURE _____

For more information call (361)293-2854

Original to SEALS Coordinator; Copies to: Parent, Teacher, Home Campus, Assessment, Behavior Specialist