

Hyde 21<sup>st</sup> Century Community Learning Center Afterschool Program  
Disciplinary Referral Form

Date/Time: \_\_\_\_\_ Teacher: \_\_\_\_\_

Student Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Behavior:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Not Following Directions     | <input type="checkbox"/> Food/Drinks/Gum        | <input type="checkbox"/> Disruption                  |
| <input type="checkbox"/> Off Task/Playing/Talking     | <input type="checkbox"/> Defiance               | <input type="checkbox"/> Electronic Device Violation |
| <input type="checkbox"/> Harassing/Distracting Others | <input type="checkbox"/> Inappropriate Behavior | <input type="checkbox"/> Dress Code Violation        |
| <input type="checkbox"/> Trash/Littering              | <input type="checkbox"/> Disrespectful Attitude |  |

Details of Incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Teacher Action Steps	Actions Taken	Comments
1. Verbal Warning/Redirect		_____ _____ _____
2. Mini Conference with Student Change in location within the classroom (if appropriate)		_____ _____ _____
3. Bounce to another teacher Referral Parent Contact Conference with Student		_____ _____ _____
4. Office Referral (If behavior continues after student is bounced, contact administrator).		_____ _____ _____

**Disciplinary Office Referral**

Actions Taken	Comments
<input type="checkbox"/> Conference with Student <input type="checkbox"/> Warning Issued	_____ _____ _____
<input type="checkbox"/> Parent Conference Requested <input type="checkbox"/> Letter Sent Home	
<input type="checkbox"/> Parent Contacted <input type="checkbox"/> Placed on Suspension	
<input type="checkbox"/> Referred to Counselor <input type="checkbox"/> Removed from Program	

Hyde 21<sup>st</sup> CCLC Director/Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_