BRUNSWICK CENTRAL SCHOOL
STUDENT INCIDENT REPORT

Purpose of Referral:
☐ Documentation
☐ Disciplinary Action

Student Name:_____Staff Member:_____

Referral Date:_____ Time/Period_____ Grade:_____

Parent/Guardian Contacted: _____

Results of Contact Home**:** _____

_____

Describe Incident (Be Specific):

_____

_____

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ACTION TAKEN BY TEAM LEADER OR ADMINISTRATION: **Date:**_____

_____Conference with student _____ _____Lunch Detention_____

_____After-School Detention_____ _____Parent Contact _____

_____In-School Suspension_____ _____ Superintendent hearing_____

_____Parent Conference_____ _____Referral to Administrator_____

_____Restitution_____ _____Privileges suspended/revoked_____

_____Out-of-School Suspension_____ _____Transportation restriction_____

_____Referral to Counselor//Social Worker_____

_____Other - Explain: _____

Administrator Signature:_____ Team Leader Signature:_____

Comments: _____

***OFFICE USE ONLY*:**

DASA/VADIR: YES NO REPORT CODE: 1 2A 2B 3A 3B 4A 4B 5A 5B 6 7 8 9