

STONEHAVEN DISCIPLINE FORM

Teacher: Please complete this form before the student is referred to the Head of School. Thank you.

Student: _____ **Teacher:** _____

Date: _____ **Time:** _____

Discipline Category:

☐ Disrespect ☐ Dishonesty ☐ Disobedience/Rebellion ☐ Fighting ☐ Bad Language

Other: _____

Recommended Discipline Action: ☐ Official Office Visit ☐ Unofficial Office Visit

If official, what number visit (circle number):

1 2 3 4 5

Description of Incident:

Head of School Use:

Parent Contacted Name: _____ Day and Time: _____