

PASSAIC COUNTY TECHNICAL INSTITUTE

DISCIPLINE REFERRAL FORM

Student Name _____

Grade/I.D. # _____

Period One Instructor _____

Date _____

Referrer Name _____

Date of Offense _____

Location/Time _____

Guidance Counselor _____

DETAILED DESCRIPTION OF THE INFRACTION: _____

CODE: _____

TEACHER CORRECTIVE EFFORTS

Teacher/Student Conference Date: _____

Guidance/Teacher/Student Conference Date: _____

Parent Conference (Tel.) Date: _____

Parent Conference (In School) Date: _____

Referral to Supervisor Date: _____

Other: _____

DISCIPLINE OFFICE ACTIONS

DATES

DATES

Verbal Reprimand _____

*Out of School Suspension (OSS) _____

Parent Conf. Telephone _____

Parent Conference (In School) _____

After School Detention (ASD) _____

Referral to Conflict Resolution _____

In School Suspension _____

Behavior Contract (Required/Violated) _____

(ISS) _____

Referred to Child Study Team _____

Counseling Referral to _____

made on _____

Cumulative Suspension Dates _____

*Police Referral _____

YES NO N/A

READMIT CONFERENCE IS SCHEDULED FOR: _____

AT **9:00 AM**

Parent/Guardian Signature _____

W=Parent

Y=Disc.

Signature of Disciplinarian/Supervisor _____

P=Guidance

G=Issuer