

CMCSS K-12 Virtual School

Discipline Referral Form (INS-F046a)

Student's Name: _____

Referring Teacher: _____ Grade: _____ Time of offense: _____

Behavior: _____

Previous corrective efforts by teacher: _____

Activity student was engaged in/supposed to be engaged in when the behavior occurred:

- ☐ Whole group instruction
- ☐ Small group instruction
- ☐ Working with peers
- ☐ One-on-one instruction
- ☐ Individual work
- ☐ Interacting with peers
- ☐ Other

Possible motivation for the behavior:

- ☐ Obtain peer(s) attention
- ☐ Obtain adult attention
- ☐ Avoid Adult
- ☐ Avoid Peer(s)
- ☐ Avoid task/activity
- ☐ Don't Know
- ☐ Other

FOR OFFICE USE ONLY

CONSEQUENCE

- ☐ Loss of privilege
- ☐ Conference with student
- ☐ Parent contact
- ☐ School counselor referral
- ☐ Positive Behavior Plan
- ☐ Support Team
- ☐ In-School Suspension zoom _____ days
- ☐ Out of School Suspension _____ days
- ☐ Alternative School _____ days
- ☐ Expulsion for one calendar year
- ☐ Other: _____

NOTES

Administrator's Signature

Parent's Signature

Student's Signature