

LOUISIANA DEPARTMENT OF EDUCATION SCHOOL BEHAVIOR REPORT

In accordance with R. S. 17:416(A) the purpose of this report is to inform parents/guardians of a behavior incident on the school campus, in the classroom, cafeteria, gymnasium, auditorium, elsewhere at the school or during school-related activities, and of subsequent disciplinary action taken by school officials. Because this or other incidents may jeopardize the safety, well-being or education of other students, parents are urged to discuss the incident and possible implications with the student to prevent further occurrences.

Name of Student _____ Phone _____ Grade/Section _____
 Name of Teacher/Staff _____ Teacher/Staff/Location _____
 Name of Principal _____ School _____
 Check One: Regular Education 504 Special Education Date of Incident _____ Time _____ Location _____

Time Code: _____ 01 Before School on Grounds, 02 During Class, 03 Between Classes, 04 After Normal School Hours & Supervised, 05 To / From School, 06 At Bus Stop or Transfer Station, 07 During School Extracurricular/Assembly Event, 08 Recess, Club, Free Time, 09 Homeroom, 10 Breakfast /Lunch
 Location Code: _____ 01 Classroom, 02 Restroom, 03 Lunchroom, 04 Hallway, 05 Playground, 07 At Bus Stop or Transfer Station, 08 Parking Lot, 09 Locker Room, 10 Cell Phone, 11 Internet, 12 To or From School, 13 School Sponsored Event, 14 Home, 98 Offsite Program, 99 Other _____

INFRACTION / REASON CODES (Check all that apply)

- | | | |
|--|--|--|
| 01. <input type="checkbox"/> Willful disobedience | 12. <input type="checkbox"/> Writes profane and/or obscene language or draws obscene pictures | 36. <input type="checkbox"/> Cyber Bullying (*complete Bullying Form) |
| 02. <input type="checkbox"/> Treats an authority with disrespect | 15. <input type="checkbox"/> Throws missiles liable to injure others | 38. <input type="checkbox"/> Forgery |
| 03. <input type="checkbox"/> Makes an unfounded charge against authority | 16. <input type="checkbox"/> Instigates or participates in fights while under school supervision | 39. <input type="checkbox"/> Gambling |
| 04. <input type="checkbox"/> Uses profane and/or obscene language | 17. <input type="checkbox"/> Violates traffic and safety regulations | 42. <input type="checkbox"/> Unauthorized use of Technology |
| 05. <input type="checkbox"/> Commits immoral or vicious practices | 18. <input type="checkbox"/> Leaves school premises or classroom without permission | 43. <input type="checkbox"/> Improper dress |
| 06. <input type="checkbox"/> Conduct or habits injurious to his/her associates | 19. <input type="checkbox"/> Is habitually tardy and/or absent | 44. <input type="checkbox"/> Academic dishonesty |
| 08. <input type="checkbox"/> Uses or possesses tobacco, lighter or matches | 20. <input type="checkbox"/> Takes another's property or possessions without permission | 45. <input type="checkbox"/> Trespassing Violation |
| 09. <input type="checkbox"/> Uses or possesses alcoholic beverages | 21. <input type="checkbox"/> Commits any other serious offense | 46. <input type="checkbox"/> Failure to Serve Assigned Consequence |
| 10. <input type="checkbox"/> Disturbs the school or habitually violates any rule | 35. <input type="checkbox"/> Bullying/Harrassment (*complete Bullying Form) | 47. <input type="checkbox"/> Misusing Internet/Violates electronic/technology policy |
| 11. <input type="checkbox"/> Cuts, defaces, or injures any part of public school buildings/vandalism | | 49. <input type="checkbox"/> False Report |

REMARKS/DESCRIPTION OF INCIDENT: _____

ACTION(S) TAKEN BY TEACHER OR OTHER SCHOOL EMPLOYEE

The student named above is hereby reported for inappropriate behavior as indicated in this report. This is the student's 1st 2nd 3rd 4th 5th (circle one) or other ___ cumulative behavioral referral(s). I have taken the following action(s):

- | | | | | |
|---|--|--|--|--|
| 011 <input type="checkbox"/> Referred to Office | 012 <input type="checkbox"/> Referred to Counselor | 013 <input type="checkbox"/> Referred to Social Worker | 014 <input type="checkbox"/> Referred to SBLC | 018 <input type="checkbox"/> Secondary Referral (PBIS) |
| 019 <input type="checkbox"/> Tertiary Referral (PBIS) | 022 <input type="checkbox"/> Therapeutic Removal | 025 <input type="checkbox"/> Intervention Room | 080 <input type="checkbox"/> Assigned Remedial Work | |
| 120 <input type="checkbox"/> Student Conference | 140 <input type="checkbox"/> Student Reprimand | 160 <input type="checkbox"/> Loss of Privileges | 030 <input type="checkbox"/> Restorative Practices Implemented | |
| 173 <input type="checkbox"/> Conference with Parents or Guardians | | 175 <input type="checkbox"/> Conference with Principal | 999 <input type="checkbox"/> Other Action _____ | |

Y N Contact Parent/Guardian Date: _____ Time: _____ Phone Call Letter Conference Date: _____ Time: _____

RECOMMENDATION(S) BY TEACHER OR OTHER SCHOOL EMPLOYEE: _____

Signature of School Employee: _____ Date: _____

ACTION(S) TAKEN BY SCHOOL ADMINISTRATOR

The student named above is hereby reported for inappropriate behavior as indicated in this report. This is the student's 1st 2nd 3rd 4th 5th (circle one) or other ___ cumulative behavioral referral(s). I have taken the following action(s):

- | | | |
|--|---|---|
| 000 <input type="checkbox"/> No Action- only use if no reportable action was taken | 160 <input type="checkbox"/> Loss of Privileges | 020 <input type="checkbox"/> TOR (Time Out Room) |
| 012 <input type="checkbox"/> Referred to Counselor | 014 <input type="checkbox"/> Referred to School Building Level Committee (SBLC) | 040 <input type="checkbox"/> In School Detention from ___ to ___ |
| 043 <input type="checkbox"/> After School Detention from ___ to ___ | 045 <input type="checkbox"/> Weekend Detention from ___ to ___ | 002 <input type="checkbox"/> Suspension Out of School from ___ to ___ |
| 004 <input type="checkbox"/> Suspension In School from ___ to ___ | 006 <input type="checkbox"/> Suspension Alternative Site from ___ to ___ | 001 <input type="checkbox"/> Expulsion Recommendation |
| 017 <input type="checkbox"/> Enforcement Referral (Arrest Resulted Y N) | 016 <input type="checkbox"/> Court Referral Date _____ | 013 <input type="checkbox"/> Referral to Social Worker |
| 080 <input type="checkbox"/> Assigned Remedial Work | 999 <input type="checkbox"/> Other Action(s): _____ | 030 <input type="checkbox"/> Restorative Practices Implemented |
| 140 <input type="checkbox"/> Student Reprimand | 120 <input type="checkbox"/> Student Conference Date: _____ | 173 <input type="checkbox"/> Conference w/ Parents or Guardians on: _____ |
| 175 <input type="checkbox"/> Conference w/ Principal on: _____ | 180 <input type="checkbox"/> Corporal Punishment (if checked, complete "Corporal Punishment" Incidence Checklist) | |

Circle Yes or No: **Perpetrator:** Serious Bodily Injury Y N Medical Treatment Y N **Victim:** Serious Bodily Injury Y N Medical Treatment Y N

Y N Contact Parent/Guardian Date: _____ Time: _____ Phone Call Letter Conference Date: _____ Time: _____

SIS Primary Infraction/Reason Code Entered: _____ Signature of Principal: _____ Date: _____

COMMENTS BY STUDENT AND/OR PARENT/GUARDIAN: _____

Signature of Student: _____ Signature of Parent/Guardian: _____ Current Date: _____

Check appropriate blocks as copies of the document are supplied: Parent/Guardian School's Pupil File Employee Filing this Report Principal

***NOTE: The principal shall return a completed copy of this form to the staff member who initiated the referral within 48 hours (excluding non-work days) of the time it was submitted to the principal.**

****Attachments:** Provide copies of all documents related to the behavior of the student named above and prepared by the employee submitting this referral.