

JONESBORO-HODGE HIGH SCHOOL
Regular School Behavior Referral for a Type "A" Behavior(s)

Name of Student _____ Grade _____ Teacher _____

Parent/Guardian Name _____ Phone _____

P-(Prepare Yourself) A-(Act Respectfully) W-(Work Together) S-(Safety First)

Incident #1: Which part(s) of PAWS were not being displayed by the student? Briefly Explain Behavior(s).

| | | |
|------------|--|---------------------------|
| Date _____ | | Student Initials _____ |
| Time _____ | | |

Possible Consequences to be administered by TEACHER. Please Circle the action(s) taken by the teacher.

- | | | |
|---------------------------|--|----------------|
| Student Conference | Verbal Reprimand/Warning | Seat Change |
| Loss of privileges | Parent/Guardian Conference | Peer Mediation |
| Student Behavior Contract | Unable to earn Tiger Bucks | |
| | Parent Contact- (Required on 2nd Incident) | |

Incident #2: Which part(s) of PAWS were not being displayed by the student? Briefly Explain Behavior(s).

| | | |
|------------|--|---------------------------|
| Date _____ | | Student Initials _____ |
| Time _____ | | |

Possible Consequences to be administered by TEACHER. Please Circle the action(s) taken by the teacher.

- | | | |
|---------------------------|--|----------------|
| Student Conference | Verbal Reprimand/Warning | Seat Change |
| Loss of privileges | Parent/Guardian Conference | Peer Mediation |
| Student Behavior Contract | Unable to earn Tiger Bucks | |
| | Parent Contact- Date: _____ Time: _____ | |
| | (Required Contact for student behavior. Document Successful contact in J-Pams) | |

Incident #3: Which part(s) of PAWS were not being displayed by the student? Briefly Explain Behavior(s).

| | | |
|------------|--|---------------------------|
| Date _____ | | Student Initials _____ |
| Time _____ | | |

Possible Consequences to be administered by TEACHER. Please Circle the action(s) taken by the teacher.

- | | | |
|---------------------------|--|----------------|
| Student Conference | Verbal Reprimand/Warning | Seat Change |
| Loss of privileges | Parent/Guardian Conference | Peer Mediation |
| Student Behavior Contract | Unable to earn Tiger Bucks | |
| | Parent Contact- Date: _____ Time: _____ | |
| | (Required Contact for student behavior. Document Successful contact in J-Pams) | |

Referring Teacher's Signature

Student's Signature

LOUISIANA DEPARTMENT OF EDUCATION SCHOOL BEHAVIOR REPORT

Major Infraction

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 _____ Grade/Section _____
 Name of Teacher/Staff _____ Teacher/Staff/Location _____
 Name of Principal Chevonda Leonard School Jonesboro-Hodge High School
 Check One: Regular Education 504 Special Education Date of Incident _____ Time _____ Location _____
Be Specific on 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 _____

Please Complete Every Part of the School Behavior Report above and below. If it is incomplete it will be sent back.

Please make sure your description matches what you check below. You will be asked to explain Willful disobedience.

| 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/Cyber Harassment (*complete Bully 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"/> Is guilty of 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"/> Is guilty of 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 or lighter | 20. <input type="checkbox"/> Is guilty of stealing | 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/Harassment (*complete Bully 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 | Successful Parent/Guardian contact that you have documented in J-Pams will be attached to this document by administration. If necessary a Parent/Guardian Conference will be set-up for you to discuss student behavior. |
| 019 <input type="checkbox"/> Tertiary Referral (FBIS) | 022 <input type="checkbox"/> Therapeutic Removal | 025 <input type="checkbox"/> Intervention Room | |
| 120 <input type="checkbox"/> Student Conference | 140 <input type="checkbox"/> Student Reprimand | 160 <input type="checkbox"/> Loss of Privileges | |
| 173 <input type="checkbox"/> Conference with Parents or Guardians | | 175 <input type="checkbox"/> Conference with Principal | |

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 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" Form) | |

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 a copy of the classroom minor tracking form, behavior intervention plan and data, or other applicable intervention information.

(Revised 8/02/2012)