

DISCIPLINE REPORT – OTSELIC VALLEY CENTRAL SCHOOL

Student's Name _____ Date of Incident _____

Staff's Name _____ Location _____ Time of Incident _____

PARENT/GUARDIAN NOTIFICATION

The following report is to notify the parent/guardian that the above student is charged with an infraction of discipline. Please feel free to request additional information regarding the incident or corrective action taken.

Description of Incident _____

____ Parent Contacted: Time _____ Date _____

Action Taken Previous to this Referral by Staff:

____ Student Warned Verbally _____ Held Conference with Student _____ Held a Parent Conference
____ Changed Seat Time: _____ Date: _____ Time: _____ Date: _____

Signature of Staff _____ Date _____

For Office Use Only:

INCIDENT:

VADIR: _____ Yes _____ No **Category:** _____ **Location:** _____

DISCIPLINARY ACTION TAKEN:

____ Warning Issued _____ Social Probation for _____ Days
____ Pass Restriction for _____ Days _____ Counselor Referral
____ Lunch Detention for _____ Days _____ Referred to Authorities
____ After-School Detention for _____ Days _____ Suspension from Transportation for _____ Days
____ Alternative Learning Center _____ Days _____ Out-of-School Suspension for _____ Days
____ Parent Conference: Time _____ Date _____ _____ Parent Contacted: Time _____ Date _____
____ Change/Assign Seat _____ Other

Signature of Administrator _____ Date _____

Copies sent to: **Parent(s)/Guardian** **Student File** **Teacher/Transportation Director** **Guidance** **Other**