

## HAVERHILL HIGH SCHOOL DISCIPLINE REFERRAL FORM

<b>Teacher:</b>		<b>Date:</b>	
<b>Student:</b>			<b>Grade:</b>
<b>Assistant Principal:</b>			
<b>Location:</b> (Place X to location)	Lavatory	Bus	Café/Mall
	Classroom	Gym/Pool	
	Hallway	Library	School Grounds
		Auditorium	Restricted Area

**Description of Offenses (place an "X" in the box next to appropriate offense(s))**

<input type="checkbox"/> Bullying	<input type="checkbox"/> Misuse of Materials/Equipment	<input type="checkbox"/> Tardiness
<input type="checkbox"/> Defiant/Disrespectful	<input type="checkbox"/> Misuse of Social Media	<input type="checkbox"/> Theft – Personal Property
<input type="checkbox"/> Disruption/Misconduct	<input type="checkbox"/> Motor Vehicle Violation	<input type="checkbox"/> Theft – School Property
<input type="checkbox"/> Disruptive Devices	<input type="checkbox"/> Other	<input type="checkbox"/> Threats (student/staff/school)
<input type="checkbox"/> Dress Code Violation	<input type="checkbox"/> Physical Altercation	<input type="checkbox"/> Truancy from Class
<input type="checkbox"/> Failure to Identify/Show ID	<input type="checkbox"/> Refusal to Follow Directions	<input type="checkbox"/> Truancy from School
<input type="checkbox"/> Failure to Serve Assigned Disciplinary Action	<input type="checkbox"/> Refusal to Participate	<input type="checkbox"/> Use/Possession cigarettes/vapor paraphernalia
<input type="checkbox"/> Forgery	<input type="checkbox"/> Repeated Failure to Serve Disciplinary Action	<input type="checkbox"/> Vandalism – Personal Property
<input type="checkbox"/> Harassment	<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Vandalism – School Property
<input type="checkbox"/> Inappropriate Language	<input type="checkbox"/> Suspicion/Under the Influence	<input type="checkbox"/> Verbal Altercation
<input type="checkbox"/> Incendiary Devices	<input type="checkbox"/> Possession – Illegal Substance	<input type="checkbox"/> Weapons
<input type="checkbox"/> Left school without permission	<input type="checkbox"/> Possession – Paraphernalia	

Comments:

### For Office Use

**Action Taken (check appropriate box(es))**

<input type="checkbox"/> Teacher Detention <b>Date</b>	<input type="checkbox"/> Student Conference with (check all that apply)
<input type="checkbox"/> Office Detention <b>Date</b>	<input type="checkbox"/> Counselor <input type="checkbox"/> Teacher
<input type="checkbox"/> Lunch Detention <b>Date</b>	<input type="checkbox"/> Parent/Guardian <input type="checkbox"/> AP
<input type="checkbox"/> Confiscation of phone or other electronic device	<input type="checkbox"/> Other
<input type="checkbox"/> Warning <input type="checkbox"/> Loss of Privileges	Parent/Guardian notified:
<input type="checkbox"/> ERC (Full Day) <b>Dates:</b>	Phone Call/Voicemail/ Email/Text: <b>Date:</b>
<input type="checkbox"/> Suspension from Class (<full day) <b>Periods:</b>	Mediation:
<input type="checkbox"/> Out of School Suspension <b># of Days:</b>	Comments/Re-Entry Meeting:
<b>Dates:</b> <b>Return Date:</b>	
<input type="checkbox"/> Additional OSS days requested by Principal/Superintendent. <b># of Days:</b>	Documentation/Student File:
<input type="checkbox"/> IEP:      YES      NO	

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**Assistant Principal Signature**