


**SAN PEDRO HIGH SCHOOL**
  
**DISCIPLINE/INTERVENTION REFERRAL FORM**

Student Referred \_\_\_\_\_

Teacher \_\_\_\_\_

Period \_\_\_\_\_

Date \_\_\_\_\_

**TEACHER ACTION**

**Before A Referral Is Sent, Document All Teacher Actions:**

1.  **PREVENTION:** Class Rules and Consequences Clearly Posted and Reviewed
2.  **INTERVENTION:**    Academic Assistance    Moved Seat    CUM File Checked  
 Written Reflection    Student Conference    Other: \_\_\_\_\_
3.  **DISCIPLINE:**    Sent to Colleague's Room    Detention with Teacher \_\_\_\_\_  
 Trash Pick-up with Teacher    Other \_\_\_\_\_
4.  **PARENT CONTACT:** Date \_\_\_\_\_ OR    Check if phone is disconnected/wrong #  
Response \_\_\_\_\_
5.  **NO PRIOR TEACHER ACTION NEEDED:** \_\_\_\_\_  
COMMENTS: \_\_\_\_\_

**REFERRAL SECTION**

- A.  **Referral Form ONLY to Student's Counselor:** \_\_\_\_\_  
 Depressed    Angry    Family Issues    Chronically Failing    Other \_\_\_\_\_
- 
- B.  **Referral Form ONLY To PSA :** \_\_\_\_\_  
# of Absences \_\_\_\_\_  
Comments: \_\_\_\_\_
- C.  **Student and Referral Form to Nurse:**  
 Sick    Injured
- 
- D.  **Referral Form ONLY to Dean's Office**    **Student and Belongings to Dean's Office**    **With ESCORT**  
 # of Tardies \_\_\_\_\_    Disruptive    Defiance    Dress Code    Theft    Foul Language  
 Argumentative    Forgery    Gambling    Graffiti    Other Property Damage  
 Profanity    Derogatory Remarks    Fighting    Possession of Drugs/Paraphernalia  
 Confiscated Item \_\_\_\_\_    Smelling/Use of Substance    Threatening Student  
 Other \_\_\_\_\_    Threatening Teacher    Possession of Weapon  
Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SUPPORT STAFF ACTION:** Follow up and Feedback to Referral Forms ONLY Should Occur Within 2 Days.  
Support Staff Action for Students Sent Out of Class Should Occur the Same Day Student is Sent.

FOLLOW UP ACTION SENT TO REFERRING STAFF MEMBER: \_\_\_\_\_

Date Referral Received: \_\_\_\_\_ Date Action Taken: \_\_\_\_\_ Action Taken By: \_\_\_\_\_

**ACTION TAKEN:**

- |   |  |
|---|--|
| <input type="checkbox"/> Counseled          | <input type="checkbox"/> Boot Camp (JIP)             |
| <input type="checkbox"/> Spoke to Parent    | <input type="checkbox"/> Opp. Transfer               |
| <input type="checkbox"/> Parent Conference  | <input type="checkbox"/> Stop Clearance              |
| <input type="checkbox"/> Trash Pick Up      | <input type="checkbox"/> Other _____                 |
| <input type="checkbox"/> Suspension         | <input type="checkbox"/> _____                       |
| <input type="checkbox"/> Arrested by Police |  |
| <input type="checkbox"/> Sent Home          | <input type="checkbox"/> Correct Phone Numbers _____ |

**REFERRED TO:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Counselor         | <input type="checkbox"/> Tutoring       | <input type="checkbox"/> SLC Coord        |
| <input type="checkbox"/> Nurse             | <input type="checkbox"/> Impact         | <input type="checkbox"/> SST              |
| <input type="checkbox"/> Dean              | <input type="checkbox"/> PSA            | <input type="checkbox"/> START            |
| <input type="checkbox"/> School Psych      | <input type="checkbox"/> Attend. Office | <input type="checkbox"/> Spec. Ed. Coord. |
| <input type="checkbox"/> Administrator     | <input type="checkbox"/> Healthy Start  | <input type="checkbox"/> School Police    |
| <input type="checkbox"/> Community Agency: | _____                                   |   |

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_