

# Midvalley Elementary

## Student Disciplinary Report

Student \_\_\_\_\_ Grade: \_\_\_\_\_ LOCATION: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Date of Incident: \_\_\_\_\_ TIME: \_\_\_\_\_ AM / PM

Teacher: \_\_\_\_\_ Reported by: \_\_\_\_\_

### Parent or Guardian Notification

The following report is to notify you that the above named student is charged with an infraction of discipline at school. Please feel free to request additional information as to the incident or the corrective action taken.

### INFRACTION(S)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Severe Classroom Disruption<br><input type="checkbox"/> Fighting<br><input type="checkbox"/> Lying<br><input type="checkbox"/> Stealing<br><input type="checkbox"/> Possession and/or Distribution of:<br><input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Tobacco<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> Swearing<br><input type="checkbox"/> Obscene Gestures<br><input type="checkbox"/> Defiant/Disrespectful To An Adult<br><input type="checkbox"/> Damaging School Property/Vandalism<br><input type="checkbox"/> Rock and/or Snowball Throwing<br><input type="checkbox"/> KYHFOOTY* | <input type="checkbox"/> Sexual Harassment<br><input type="checkbox"/> Bullying / Threatening<br><input type="checkbox"/> Unauthorized Absence/Sluffing<br><input type="checkbox"/> Multiple Minor Offenses (list below)<br><input type="checkbox"/> Possession of Weapon(s)<br>or Weapon Facsimile |
|--|---|---|

Kind: \_\_\_\_\_

\* KYHFOOTY = Keep your hands, feet and other objects to yourself.

**Teacher Interventions:**

Date: \_\_\_\_\_  
Date: \_\_\_\_\_

- Conference Held With Student  
 Conference Held With Parent(s)

\_\_\_\_\_  
Teacher Signature

**Antecedent:**

**Comments:**

**Administrative Interventions:**

- Student Conference/Verbal Correction
- Phone Conference Held
- Watch/Warning
- Student Telephoned Home
- Student Contract Established
- Parent Conference with Team
- Write Apology

**DATE**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Friday School
- Damage Reimbursement     \$ \_\_\_\_\_
- Student Assigned Cleanup     \_\_\_\_\_ hours
- Miss Recess (#):     \_\_\_\_\_ day(s)
- In-School Suspension for     \_\_\_\_\_ day(s)
- Out-of-School Suspension for     \_\_\_\_\_ day(s)
- District Level Hearing

**DATE**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other (explain):

**Safe School**

School: Midvalley Elementary     Principal: Nalwalker     Telephone: 826-8800

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Parent's / Guardian's Signature

Parent/Guardian Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Student's Signature