

# Scotland County Schools Student Discipline Referral Form

Please provide the information requested below when making student referrals.

Student's Legal Name \_\_\_\_\_ Grade \_\_\_\_\_

NCWise# \_\_\_\_\_ DOB \_\_\_\_\_

Date of Referral \_\_\_\_\_ Referring Teacher \_\_\_\_\_ Time \_\_\_\_\_

EC Student    Y    N    Exceptionality (please specify)

Parent's Name \_\_\_\_\_ Phone #'s (home/cell) \_\_\_\_\_ Work \_\_\_\_\_

Reason for Referral:

Measures taken to resolve the problem prior to referral, including dates, if possible.

In-class corrective measures:

Detention before or after school (with parental contact): dates \_\_\_\_\_

Parent contacted via telephone: number/date \_\_\_\_\_

Parent conference: date \_\_\_\_\_

Guidance Counselor referral: date \_\_\_\_\_

Other (please specify)