

INCIDENT REFERRAL TO ADMINISTRATOR
Department of Student Services
Lincoln Public Schools

Student Name: _____ Student Number: _____ School: _____ Grade: _____

DISCIPLINE INCIDENT DATA

- Referral From: _____ Date: _____ Time: _____ Refer To: _____
- Incident Context Code: After School Before School During Class Passing/Transition Time School Activity
 Other
- Incident Location: Assembly/Auditorium Bus Classroom Gym/Locker Room Hall Lunchroom Off Campus
 Other LPS School/Program Playground School Grounds Other

VIOLATION DESCRIPTION

- | | | |
|--|---|---|
| <input type="checkbox"/> A–Insubordination/Disrespect/Abuse | <input type="checkbox"/> I–Use/Threaten with a Dangerous Weapon | <input type="checkbox"/> P–Plagiarism/Copyright Infringement |
| <input type="checkbox"/> B–Threats/Harassment/Fights/Disruptive | <input type="checkbox"/> J–Possession of a Firearm | <input type="checkbox"/> Q–Video/Record Staff/Students w/o Permission |
| <input type="checkbox"/> C–Damage/Theft of Property | <input type="checkbox"/> K–Public Indecency/Sexual Conduct | <input type="checkbox"/> R–Violation of Bus Expectations |
| <input type="checkbox"/> D–Bullying | <input type="checkbox"/> L–Sexual Assault | <input type="checkbox"/> S–Truancy/Failure to Attend Assigned Class |
| <input type="checkbox"/> E–Profanity/Abusive Behavior | <input type="checkbox"/> M–Inappropriate/Offensive/Dangerous Clothing | <input type="checkbox"/> T–Tardiness |
| <input type="checkbox"/> F–Confrontation/Physical Altercation | <input type="checkbox"/> N–Substance Use or Possession | <input type="checkbox"/> U–Law Violation |
| <input type="checkbox"/> G–Physical Attack/Harm | <input type="checkbox"/> O–Violation of Technology Guidelines | <input type="checkbox"/> V–Repeated Rule Violation |
| <input type="checkbox"/> H–Possession of Weapon/Explosive Device | | |

STUDENTS INVOLVED

Student	Role	Comment
	<input type="checkbox"/> Offender <input type="checkbox"/> Victim <input type="checkbox"/> Bystander/Witness	
	<input type="checkbox"/> Offender <input type="checkbox"/> Victim <input type="checkbox"/> Bystander/Witness	
	<input type="checkbox"/> Offender <input type="checkbox"/> Victim <input type="checkbox"/> Bystander/Witness	
	<input type="checkbox"/> Offender <input type="checkbox"/> Victim <input type="checkbox"/> Bystander/Witness	

INTERVENTION PRIOR TO INCIDENT

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Telephoned parent or guardian | <input type="checkbox"/> Consulted non-LPS person | <input type="checkbox"/> Report sent home | <input type="checkbox"/> Conference with student |
| <input type="checkbox"/> Emailed parent or guardian | <input type="checkbox"/> Consulted with other school staff | <input type="checkbox"/> Safe seat or in-class time out | <input type="checkbox"/> Assigned detention |
| <input type="checkbox"/> Conferenced in person with parent or guardian | <input type="checkbox"/> Consulted school counselor or school social worker | <input type="checkbox"/> Consulted with student's prior teacher or school | <input type="checkbox"/> Consulted with student's IEP manager |
| <input type="checkbox"/> Removed student from classroom for more than one period parent | <input type="checkbox"/> Removed student from classroom for part or one class period | <input type="checkbox"/> Established behavior plan with student (include with office referral) | <input type="checkbox"/> Temporary assignment to alternative setting in the building |
| <input type="checkbox"/> Detained student before/after school | <input type="checkbox"/> Provided student with adult escort | <input type="checkbox"/> Reviewed student's academic and behavioral record | <input type="checkbox"/> Completed minor incident referral |
| <input type="checkbox"/> Modified/adjusted student's classwork | <input type="checkbox"/> Changed student's assigned seat/location in the room | <input type="checkbox"/> Referred student to Student Assistance Team | <input type="checkbox"/> Referred student to SCIP or other drug/alcohol/program |
| <input type="checkbox"/> Referred student to academic support program | <input type="checkbox"/> Referred student to school counselor/social worker Telephoned | <input type="checkbox"/> Referred student to office/admin. | <input type="checkbox"/> Other: _____ |

ADMINISTRATIVE SECTION

Student Comment: _____

DISCIPLINE DISPOSITION LIST

- | | | | | |
|---|---|---|---|--|
| <input type="checkbox"/> Student warning | <input type="checkbox"/> Contacted other adult | <input type="checkbox"/> Behavior contract/plan | <input type="checkbox"/> Student Services-ref only | <input type="checkbox"/> Police contact/no citation |
| <input type="checkbox"/> No action/documentation | <input type="checkbox"/> Report sent home | <input type="checkbox"/> Provided staff escort | <input type="checkbox"/> Removed permanently from class | <input type="checkbox"/> Manifest-no referral |
| <input type="checkbox"/> Phoned parent/guardian | <input type="checkbox"/> Non-aggression agreement | <input type="checkbox"/> Recess restrictions | <input type="checkbox"/> Detention | <input type="checkbox"/> ALE intervention-open |
| <input type="checkbox"/> Student/parent/teacher meeting | <input type="checkbox"/> Referred to SCIP/drug/alcohol | <input type="checkbox"/> Damage/loss/theft report | <input type="checkbox"/> In school suspension | <input type="checkbox"/> ALE seclusion |
| <input type="checkbox"/> School camera recording saved | <input type="checkbox"/> Ref-academic support | <input type="checkbox"/> Temp alternative setting | <input type="checkbox"/> Out of school suspension | <input type="checkbox"/> ALE intervention-locked |
| <input type="checkbox"/> Met with parent/guardian | <input type="checkbox"/> Referred-counselor/social worker | <input type="checkbox"/> One class/day removal | <input type="checkbox"/> Student Services-susp/ref | <input type="checkbox"/> Restraint-SPED |
| <input type="checkbox"/> Emailed parent/guardian | <input type="checkbox"/> Referred to SAT | <input type="checkbox"/> Re-entry conference | <input type="checkbox"/> Student Services expulsion | <input type="checkbox"/> Staff recommendation: Conference and return to class |
| <input type="checkbox"/> Met with student/parent | <input type="checkbox"/> Referred-Tier 2 intervention | <input type="checkbox"/> Peer mediation | <input type="checkbox"/> Emergency exclusion | <input type="checkbox"/> Staff recommendation: Out of class until conference is held |
| <input type="checkbox"/> Met with student/staff | <input type="checkbox"/> Referred-Tier 3 intervention | <input type="checkbox"/> Letter of apology | <input type="checkbox"/> Susp-expelled program | |
| | | <input type="checkbox"/> Ref-bullying program | <input type="checkbox"/> Police contact/citation | |

Administrative Comment/Plan: _____

Student Signature Date Administrator/Staff Signature Date

DISCIPLINE INCIDENT DATA *continued*

Description:

STUDENTS INVOLVED *continued*

_____’s Comment:

_____’s Comment:

_____’s Comment:

_____’s Comment:

Student	Role	Comment
	<input type="checkbox"/> Offender <input type="checkbox"/> Victim <input type="checkbox"/> Bystander/Witness	
	<input type="checkbox"/> Offender <input type="checkbox"/> Victim <input type="checkbox"/> Bystander/Witness	
	<input type="checkbox"/> Offender <input type="checkbox"/> Victim <input type="checkbox"/> Bystander/Witness	
	<input type="checkbox"/> Offender <input type="checkbox"/> Victim <input type="checkbox"/> Bystander/Witness	

INTERVENTIONS *continued*

Other:

ADMINISTRATIVE SECTION *continued*

Student Comment:

Administrative Comment/Plan: