

Sacred Hearts School Discipline Form

Student _____ Referring Staff Member _____

Homeroom _____ Date _____ Time _____

Location:

- | | | | |
|------------------------------------|------------------------------------|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Playground | <input type="checkbox"/> Bathroom |
| <input type="checkbox"/> Gym | <input type="checkbox"/> Music | <input type="checkbox"/> Art | <input type="checkbox"/> Church |
| <input type="checkbox"/> Hallway | <input type="checkbox"/> Library | <input type="checkbox"/> Field Trip | <input type="checkbox"/> Assembly |
-

Expectation Not Met:

- Respect Responsible Safe

Problem Behavior:

- | | |
|---|---|
| <input type="checkbox"/> Inappropriate Language | <input type="checkbox"/> Fighting/Physical Aggression |
| <input type="checkbox"/> Physical Contact | <input type="checkbox"/> Harassment |
| <input type="checkbox"/> Defiance/Disrespect/Non-compliance | <input type="checkbox"/> Forgery/Theft |
| <input type="checkbox"/> Disruption | <input type="checkbox"/> Lying/Cheating |
| <input type="checkbox"/> Technology Violation | <input type="checkbox"/> Tobacco/Alcohol/Drug |
| <input type="checkbox"/> Property Misuse | <input type="checkbox"/> Weapons |
| <input type="checkbox"/> Dress Code | <input type="checkbox"/> Other _____ |
-

Comments:

Action Taken:

- | | | |
|---|---|--|
| <input type="checkbox"/> Parent Contact | <input type="checkbox"/> Detention | <input type="checkbox"/> Suspension (in) |
| <input type="checkbox"/> Time in Office | <input type="checkbox"/> Individualized Instruction | <input type="checkbox"/> Suspension (out) |
| <input type="checkbox"/> Loss of Recess | <input type="checkbox"/> Conference with Student | <input type="checkbox"/> Loss of Privilege |
| <input type="checkbox"/> Other _____ | | |

Staff Signature _____ Date _____

Parent Signature _____ Date _____