

Student Discipline Referral Form – Elementary

STUDENT NAME: _____ GRADE: _____ DATE: _____

Teacher Comments on the Problem:

Student Comments:

TRUSTWORTHINESS

cheating/lying
breaking a promise
no pass
other _____

FAIRNESS

playing rough
not following game rules
copying
other _____

RESPECT

hitting
running in a walk-only area
disrupting class
innappropriate language
other _____

CARING

pushing
throwing things
teasing or name calling
bullying
other _____

RESPONSIBILITY

bringing personal items to school
not returning _____
not following directions
not bringing _____
other _____

CITIZENSHIP

littering
running in a walk-only area
yelling in a quiet area
vandalizing other's property
other _____

ACTION:

Teacher Signature: _____ Parent Signature: _____