

THE SCHOOL DISTRICT OF ESCAMBIA COUNTY

Discipline Referral Form Name of student: ______ Reporter: ______ Please print please print Date of incident: ____/___/ Time of incident: Referral Context: _____during school hours _____school sponsored activity outside school hours _____non-school sponsored activity outside school hours Location: bathroom ____bus stop cafeteria ____office hallway ____other classroom ____parking lot commons ____playground ____gym ____school bus loading zone ____special event/field trip locker room media center stadium ____off campus Possible motivation: avoid adult ____obtain adult attention ____obtain items/activities ____avoid peers avoid tasks/activities obtain peer attention Bus no: _____ Substitute teacher/Bus driver: _____ please print Brief description of incident:

To be completed by principal's designee

Processed	bv:
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_____Date:_____

Referral number: _____