



**CENTRAL ELEMENTARY – HIGH SCHOOL  
DISCIPLINE REPORT**

Name: _____ Date: _____ Time _____ Teacher: _____ Grade: _____	<p align="center"><b>Location</b></p> <input type="checkbox"/> Classroom <input type="checkbox"/> Hallway <input type="checkbox"/> Playground <input type="checkbox"/> Cafeteria <input type="checkbox"/> Bathroom <input type="checkbox"/> Library <input type="checkbox"/> other _____
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Minor Problem Behavior	Major Problem Behavior	Possible motivation
<input type="checkbox"/> Defiance <input type="checkbox"/> Disrespect <input type="checkbox"/> Physical contact <input type="checkbox"/> Tardy <input type="checkbox"/> Inappropriate language <input type="checkbox"/> Property misuse <input type="checkbox"/> Dress code <input type="checkbox"/> electronic violation <input type="checkbox"/> Other _____	<input type="checkbox"/> Defiance <input type="checkbox"/> Disrespect <input type="checkbox"/> Abusive language <input type="checkbox"/> Harassment <input type="checkbox"/> Fighting <input type="checkbox"/> Property damage <input type="checkbox"/> Dress code <input type="checkbox"/> electronic violation <input type="checkbox"/> Lying/cheating <input type="checkbox"/> Inappropriate display of affection <input type="checkbox"/> Other _____	Get: <input type="checkbox"/> Peer attention <input type="checkbox"/> Adult attention <input type="checkbox"/> Item/activity  Avoid: <input type="checkbox"/> Peer attention <input type="checkbox"/> Adult attention <input type="checkbox"/> Item/activity

INFRACTION	ACTION TAKEN BY TEACHER	ACTION TAKEN BY ADMINISTRATION
Level I: _____  Level II: _____  Level III: _____  Level IV: _____	<input type="checkbox"/> Pupil's record examined <input type="checkbox"/> Parental Conference <input type="checkbox"/> Student Conference arranged <input type="checkbox"/> Pupil verbally corrected <input type="checkbox"/> Detained after school <input type="checkbox"/> Guidance Counselor Referral <input type="checkbox"/> Assigned different seat <input type="checkbox"/> Parent phone call	<input type="checkbox"/> Administrative Warning  <input type="checkbox"/> ISS _____ days  <input type="checkbox"/> OSS _____ days  <input type="checkbox"/> Timeout _____ days
Student's Signature		Administrator's Signature

**COMMENTS:**

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