

**STUDENT DISCIPLINARY ACTION FORM**

			John Marshall HS
Date	Time	Course	Location
		John Marshall HS	
Teacher's Name	Time Block	School Name	School Code

Student Name _____ Student ID # _____
Grade _____ Phone (Home) _____ (Work) _____
Gender M Race: ☐ Asian ☐ Am. Indian ☐ White ☐ Black ☐ Hispanic

Description of Violation: _____

Classroom Intervention Plan

____ Detention _____ (type)	____ Parent Contact _____ (how)
____ Student Conference	____ Parent Conference
____ Functional Assessment of Behavior	____ Other (explain)
____ Behavior Plan	

Referral to: _____ Administrator _____ Counselor

Administrator's Report

Summary of Student Statement: _____

Code of Conduct Violation: _____

Description: _____

Action Level: _____

____ Short-term suspension is assigned for a period of ____ days, (not to exceed 10 days), until ____ day of _____, 20____.

____ Long-term suspension and Due Process Hearing (attach notice). An Educational Plan is required for suspensions more than 5 days. Student suspensions for possession of dangerous weapons, controlled substances or firearms are not entitled to an Educational Plan. Student is not allowed to be in or on school property, or participate in extra curricular activities until suspension is served.

Teacher's Signature: _____ Student's Signature: _____

Administrator's Signature: _____

Cc: Administrator Parent Student