

GVCS SCHOOL

To the Parent of Student:	Today's Date:
Class:	Incident Date(s) and Time:
Teacher:	Grade:

Behavioral Intervention Prior to Referral:

Loss of Privileges/Date(s): _____
 Verbal Warning(s)/Date(s): _____
 Parent Contact/Date(s): _____
 Teacher Detention/Date(s): _____

INFRACTION:

- | | | |
|--|---|--|
| <input type="checkbox"/> Abusive Language/Gesture | <input type="checkbox"/> Aggressive Physical Action | <input type="checkbox"/> Alcohol/Tobacco/Drugs |
| <input type="checkbox"/> Assault/Fighting | <input type="checkbox"/> Bomb Threat | <input type="checkbox"/> Cheating/Plagiarism/Forgery |
| <input type="checkbox"/> Dangerous Device/Weapon | <input type="checkbox"/> Death Threat | <input type="checkbox"/> Continuous Disruption |
| <input type="checkbox"/> Disrespect/Defiance/ | <input type="checkbox"/> Dress Violation | <input type="checkbox"/> Electronic Device Violation |
| <input type="checkbox"/> False Emergency Call | <input type="checkbox"/> Fighting | <input type="checkbox"/> Hate Speech/Activity |
| <input type="checkbox"/> Horseplay/Roughhousing | <input type="checkbox"/> Ineligibility Violation | <input type="checkbox"/> Tardy/Skipping/Truancy |
| <input type="checkbox"/> Public Display of Affection | <input type="checkbox"/> Retaliatory Action | <input type="checkbox"/> Theft/Stolen Property |
| <input type="checkbox"/> Sexual Harassment/Materials | <input type="checkbox"/> Trespassing/Loitering | <input type="checkbox"/> Vandalism/Property Damage |
| <input type="checkbox"/> Bullying/Cyberbully/Intimidation/Harassment | <input type="checkbox"/> Vehicle/Parking Violation | |
| <input type="checkbox"/> Other _____ | | |

Description of Student's Actions/Comments: _____

Administrative Consequences:

- | | | |
|---|--|---|
| <input type="checkbox"/> Conferred with Student | <input type="checkbox"/> Pass Restriction | <input type="checkbox"/> ISS |
| <input type="checkbox"/> Verbal/Written Warning | <input type="checkbox"/> Lunch Detention(s) | <input type="checkbox"/> Referral to Agency |
| <input type="checkbox"/> Referral to Counselor | <input type="checkbox"/> After School Detention(s) | <input type="checkbox"/> OSS |
| <input type="checkbox"/> Principal Hearing | <input type="checkbox"/> Superintendent Hearing | <input type="checkbox"/> Parent Meeting |

Comments: _____

Administrator's Signature: _____ **Date:** _____