

McCRORY SCHOOL DISTRICT

DISCIPLINE REPORT

Name: _____ I.D. _____

Date: _____ Time: _____ Location: _____

Incident: (Check only one)

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> 01 Drugs | <input type="checkbox"/> 08 Handgun | <input type="checkbox"/> 15 Disorderly Conduct | <input type="checkbox"/> 22 Harassment |
| <input type="checkbox"/> 02 Alcohol | <input type="checkbox"/> 09 Rifle | <input type="checkbox"/> 16 Explosives | <input type="checkbox"/> 23 Sexual Behavior |
| <input type="checkbox"/> 03 Tobacco/e-Cigarette/Vaping Device | <input type="checkbox"/> 10 Shotgun | <input type="checkbox"/> 17 Other | <input type="checkbox"/> 24 Stealing/Theft |
| <input type="checkbox"/> 04 Attendance Policy Violation | <input type="checkbox"/> 11 Weapon | <input type="checkbox"/> 18 Bullying | <input type="checkbox"/> 25 Terroristic Threats |
| <input type="checkbox"/> 05 Physical Attack/Harm on Student | <input type="checkbox"/> 12Gangs | <input type="checkbox"/> 19 Fighting | <input type="checkbox"/> 26 Sexual Harassment |
| <input type="checkbox"/> 06 Physical Attack/Harm on Staff | <input type="checkbox"/> 13 Vandalism | <input type="checkbox"/> 20 Personal Electronic Device | <input type="checkbox"/> 27 Technology Use Violation |
| <input type="checkbox"/> 07 Knife | <input type="checkbox"/> 14 Insubordination | <input type="checkbox"/> 21 Cyberbullying | |

Reported by: _____

Referred to: (Check one) 01 Principal 02 Superintendent
 03 Counselor 04 Principal's Designee _____ 05 Police

Comments:

Action: (Check only one)

- | | | |
|---|---|---|
| <input type="checkbox"/> 01 In School Suspension | <input type="checkbox"/> 10 ALE (full year) | <input type="checkbox"/> 17 Expelled for Dangerous Activity with injury |
| <input type="checkbox"/> 02 Out of School suspension (not to exceed 10days) | <input type="checkbox"/> 11 Expelled for Drugs | <input type="checkbox"/> 18 Out of School suspension with injury |
| <input type="checkbox"/> 03 Expelled | <input type="checkbox"/> 12 Expelled for Dangerous Activity without injury | <input type="checkbox"/> 19 Expelled with Education Services |
| <input type="checkbox"/> 04 Truancy | <input type="checkbox"/> 13 Expelled with Short Expulsion | <input type="checkbox"/> 20 ALE (less than 1 year) |
| <input type="checkbox"/> 05 Student Assault | <input type="checkbox"/> 14 Expelled for Weapons with Short Expulsion | <input type="checkbox"/> 101 D-Hall |
| <input type="checkbox"/> 06 Other | <input type="checkbox"/> 15 Expelled to Alternate Program | |
| <input type="checkbox"/> 07 No Action | <input type="checkbox"/> 16 Expelled for Weapons/Placed in Alternate Learning | |

Action Date: _____ Duration: _____ Parent Contact Date: _____

Teacher and/or Designee: _____ Witness: _____

(Signature of witness verified that Corporal Punishment, if given, was done in a manner that was not excessive and in accordance with school policy)