

Conduct Referral

Central Arizona Valley Institute of Technology

Date _____ Session _____

Student _____ Program _____

Reporting Teacher _____ Location _____

REASONS FOR REFERRAL:

- | | | |
|--|---|--|
| <input type="checkbox"/> Continued Disruptions | <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Other (specify below) |
| <input type="checkbox"/> Fighting/Endangering Others | <input type="checkbox"/> Abusive Language to Staff | |
| <input type="checkbox"/> Destruction of Property | <input type="checkbox"/> Abusive Language to Others | |
| <input type="checkbox"/> Defiance/Disobedience | <input type="checkbox"/> Alcohol Use/Possession | |

TEACHER – Action taken prior to office referral:

- | | | |
|---|---|--|
| <input type="checkbox"/> Conference with Student | <input type="checkbox"/> Referral(s) to Office | <input type="checkbox"/> Other (specify below) |
| <input type="checkbox"/> Parental Contact
(phone call, letter) | <input type="checkbox"/> Teacher/Parent/Student
Conference | |

SPECIFIC INFORMATION _____

Teacher's Signature _____ Date: _____

STUDENT STATEMENT _____

Student's Signature _____ Date _____

ADMINISTRATOR – Action taken:

- | | | |
|---|--|--|
| <input type="checkbox"/> Conference with Student | <input type="checkbox"/> Parent Contact | <input type="checkbox"/> Parent Conference |
| <input type="checkbox"/> In-School Suspension (ISS) | <input type="checkbox"/> Home School Contact | <input type="checkbox"/> Letter Sent Home |
| <input type="checkbox"/> Off Campus Suspension | | |

ADDITIONAL INFORMATION _____

Administrator's Signature _____ Date _____