

STUDENT DISCIPLINARY REFERRAL

Hilbert High School
 1139 W. Milwaukee Street, PO Box 390
 Hilbert, WI 54129
 (920) 853-3558

Student's Name _____ Date _____ Time _____
 Teacher _____ Subject _____ Grade _____ D.O.B. _____
 Reasons for referral:

Action taken by staff prior to referral:

<input type="checkbox"/>	Checked student's folder	<input type="checkbox"/>	Special help after school	<input type="checkbox"/>	Held conference with parent
<input type="checkbox"/>	Changed student's seat	<input type="checkbox"/>	Held conference with student	<input type="checkbox"/>	Consulted counselor
<input type="checkbox"/>	Detained student after school	<input type="checkbox"/>	Detained student during lunch	<input type="checkbox"/>	Telephoned parent

Other: _____

Should referral be sent to parents? _____ Yes _____ No Staff Signature: _____
 Student explanation:

Student Signature: _____ Date: _____

HHS Expectations: Show up for school, Do the work and turn it in, and be nice.

Action taken by administration:

<input type="checkbox"/>	Held conference with student	<input type="checkbox"/>	Telephoned parent
<input type="checkbox"/>	Student detained in office	<input type="checkbox"/>	Conference with parent
<input type="checkbox"/>	Conference w/ student-teacher-administrator	<input type="checkbox"/>	Lunch/After School Detention
<input type="checkbox"/>	Assigned to In-School	<input type="checkbox"/>	Student Suspended (Students suspended out-of-school are prohibited from being on or around district property & attending school sponsored activities, including evening & weekend events. Students who face disciplinary action may not be eligible for Youth Options.)

Other: _____
 Case referred to: Police Liaison Officer

Citation requested
 Referral requested

Administrator: _____ Date: _____