

Lakeland Jr/Sr High School Student Office Referral

0805 E 075 N, LaGrange, IN 46761 260-499-2470

Student: _____ Grade _____ Date _____ Time _____ Referred by _____

Previous teacher actions with student:

___ Classroom Referral: ___ 1:1 ___ Verbal Warning/Redirection ___ Removed from Class ___ Detention

___ Identified as a Student of Concern on _____ (Date) Other: _____

Previous teacher actions with parent/guardian:

Name of Contact: _____ Date _____ Time _____ Email ___ Phone call ___ In person conference

Other: _____

___ Teacher would like a follow up with administration and understands this is confidential information ___ Teacher would like copy of referral

Description of incident:

----- **Information below to be filled out by an Administrator** -----

*****Rule(s) violated:** _____

Administrator's Response:

___ Conference with student

___ Letter/email to parent

___ Phone call to parent – Time: _____

Name: _____

Phone: _____

___ Left message on voicemail

___ Left message with _____

Consequence(s):

___ Verbal Warning ___ Parent conference requested

___ Lunch Detention on Date _____

___ Wednesday Detention 3:10-4:10 on Date _____

___ Friday Detention 3:10-5:30 on Date _____

___ ISS (BIC) ___ days starting Date _____

___ True OSS ___ days starting Date _____

___ Document and file

___ File only

___ Other: _____

Administrator's Signature: _____

___ SRO involved

We have discussed this referral and understand that if this inappropriate behavior continues more strict disciplinary actions may be taken.

Parent/Guardian Signature: _____ Student Signature _____