



Fayette County Public Schools Discipline Form Grades PreK-5

Student Name _____

Grade _____ **Homeroom** _____

Referring Faculty/Staff _____

Location of Infraction _____ **Date of Infraction** _____

Level of Primary Infraction	Max Action Assigned To Level
Level 1 *	Level 1
<input type="checkbox"/> Disruptive behavior/materials causing classroom disruption <input type="checkbox"/> Refusal to obey staff <input type="checkbox"/> Blatant defiance <input type="checkbox"/> Public display of affection <input type="checkbox"/> Use of profanity or inappropriate language with peers <input type="checkbox"/> Cheating <input type="checkbox"/> Cell phone use <input type="checkbox"/> Bus infractions <input type="checkbox"/> Possession of a realistic looking toy gun/weapon <input type="checkbox"/> Violation of standard dress	<input type="checkbox"/> Official Office Warning <input type="checkbox"/> 3 Days In School Suspension (ISS) <input type="checkbox"/> Corporal Punishment (3 Swats) Administered by: _____ Witness: _____
Level 2:	Level 2:
<input type="checkbox"/> Repeat of Step 1 <input type="checkbox"/> Skipping class/school <input type="checkbox"/> Use of profanity or inappropriate language with an adult <input type="checkbox"/> Threatening bodily harm to peers and/or adults <input type="checkbox"/> Instigating a fight <input type="checkbox"/> Theft <input type="checkbox"/> Gambling	5 Days In School Suspension (ISS)
Level 3:	Level 3:
<input type="checkbox"/> Repeat of Step 1 and Step 2 <input type="checkbox"/> Damage to school property and restitution <input type="checkbox"/> Possession of/drawing obscene material <input type="checkbox"/> Cyberbullying – disruption to the learning environment <input type="checkbox"/> Bullying <input type="checkbox"/> Discrimination/harassment of another student <input type="checkbox"/> Threatening violence to a peer and/or adult <input type="checkbox"/> Sexual Harassment <input type="checkbox"/> Fighting <input type="checkbox"/> Under the influence of drugs/alcohol	5 Days Out of School Suspension (OSS)
Level 4:	Level 4:
<input type="checkbox"/> Repeat of Step 1, 2, 3 <input type="checkbox"/> Possession of alcohol <input type="checkbox"/> Possession of weapons other than firearms <input type="checkbox"/> Sexual misconduct <input type="checkbox"/> Indication of gang activity	10 Days Out of School Suspension (OSS)
Level 5:	Level 5:
<input type="checkbox"/> Repeat of step 1, 2, 3, 4 <input type="checkbox"/> Bomb threat/arson <div style="text-align: center;"> <p><u>The Infractions below are Automatic 180 Day (One Year) Expulsion Offenses:</u> <u>TCA 49-6-3401</u></p> <input type="checkbox"/> Firearms – Possession/Use of <input type="checkbox"/> Striking staff/faculty <input type="checkbox"/> Unlawful possession of drugs </div>	Suspension or Expulsion of 180 Days (One Year) **Disciplinary Hearing Appeal may be requested for Level 5. See attached letter.
<input type="checkbox"/> Smoking/Possession of tobacco and/or electronic tobacco smoking devices	Juvenile Court Citation

***Both sides of this form must be completed by referring faculty/staff member.**

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Student Name _____

Parent Name(s) _____

Parent Phone Number(s) _____

<i>Previous Teacher Interventions</i>		*Documentation Must Be Attached
<input type="checkbox"/> Student Warning <input type="checkbox"/> Parent Note by Teacher <input type="checkbox"/> Individual Behavior Plan <input type="checkbox"/> Other (Please explain.) _____	<input type="checkbox"/> Use of Time-Out <input type="checkbox"/> Parent Contact by Teacher <input type="checkbox"/> Guidance Referral <input type="checkbox"/> Other (Please explain.) _____	<input type="checkbox"/> Loss of Privilege <input type="checkbox"/> Parent Conference <input type="checkbox"/> Previous Referral to Office <input type="checkbox"/> Other (Please explain.) _____

Specific Information Regarding Incident: _____

<i>Action Taken By Administrator</i>	
<input type="checkbox"/> Conference with Student <input type="checkbox"/> Parent Contact <input type="checkbox"/> Loss of Privilege <input type="checkbox"/> Guidance Referral	<input type="checkbox"/> In-School Suspension (# Days _____) Date Student May Return to Regular Classroom: _____ <input type="checkbox"/> Out-of-School Suspension (# Days _____) Date Student May Return to School: _____

Administrator Comments: _____

Office Use Only:	Infraction Code _____	Response Code _____
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Signatures

Referring Faculty/Staff _____ Date _____

Administrator _____ Date _____

Student _____ Date _____

Parent _____ Date _____

***Please sign and return to school with your child.**