



**Jackson-Madison County School System  
Elementary (K-5) Code of Conduct Referral/Suspension Referral**

**Student Name** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Date of Infraction** \_\_\_\_\_

**Homeroom** \_\_\_\_\_ **Referring Faculty/Staff** \_\_\_\_\_ **Location of Infraction** \_\_\_\_\_

Behavior Infractions	Disciplinary Actions	Additional Behavior Supports (Optional)
<b>Level 1: Behaviors that impede the orderly operation of the classroom / school.</b>		
<input type="checkbox"/> Physical aggression <input type="checkbox"/> Horse-playing <input type="checkbox"/> Cheating <input type="checkbox"/> Violation of dress code <input type="checkbox"/> Refusal to obey staff <input type="checkbox"/> Violation of electronic devices or webservice <input type="checkbox"/> Possession of (or drawing) obscene material <input type="checkbox"/> Disruptive behavior / materials causing classroom disturbance <input type="checkbox"/> Blatant defiance/insubordination <input type="checkbox"/> Use of profanity or abusive language <input type="checkbox"/> Bullying / Cyberbullying	<input type="checkbox"/> Excessive tardiness <input type="checkbox"/> Skipping class <input type="checkbox"/> Violation of school norms Specify: _____  <input type="checkbox"/> Out-of-School Suspension (3 days)  <input type="checkbox"/> Virtual: Out of School Alternative Placement (5 days)	<input type="checkbox"/> Implementation of Trauma-Informed practices <input type="checkbox"/> Parent/Guardian conference <input type="checkbox"/> Peer counseling <input type="checkbox"/> Restorative practices and restitution <input type="checkbox"/> Restricted or excluded from activities <input type="checkbox"/> Student conference with warning <input type="checkbox"/> School Counselor Referral <input type="checkbox"/> Behavior Intervention Plan
<b>Level 2: Behaviors that do not directly pose a threat to the health and safety of others, but disrupts the learning environment.</b>		
<input type="checkbox"/> Repeat / Continuation of level 1 offenses Specify: _____  <input type="checkbox"/> Public display of affection <input type="checkbox"/> Skipping school <input type="checkbox"/> Instigating a fight or altercation <input type="checkbox"/> Discrimination / Harassment / Intimidation of another student or staff <input type="checkbox"/> Pornography possession (social media, electronic, or print) <input type="checkbox"/> Indication of gang activity / affiliation	<input type="checkbox"/> Accessory <input type="checkbox"/> Forged note or excuses  <input type="checkbox"/> Out-of-School Suspension (15 days)  <input type="checkbox"/> Virtual: Out of School Alternative Placement (15 days)	<input type="checkbox"/> Behavior Intervention Plan <input type="checkbox"/> Counseling services (outside agency) <input type="checkbox"/> Implementation of Trauma-Informed practices <input type="checkbox"/> Parent/Guardian conference <input type="checkbox"/> Restorative practices and restitution <input type="checkbox"/> School Counselor Referral
<b>Level 3: Behaviors that are directly against a person or property, but do not endanger the health or safety of others.</b>		
<input type="checkbox"/> Repeat / Continuation of level 2 offenses Specify: _____  <input type="checkbox"/> Fighting <input type="checkbox"/> Vandalism (minor) <input type="checkbox"/> Threatening others <input type="checkbox"/> Theft <input type="checkbox"/> Sexual misconduct <input type="checkbox"/> Use, possession, distribution of tobacco / electronic tobacco smoking devices <input type="checkbox"/> Under the influence of tobacco / drugs / alcohol <input type="checkbox"/> Victimization/ Harassment of any student or staff <input type="checkbox"/> Use, possession, distribution of alcohol / drug paraphernalia	<input type="checkbox"/> Out-of-School Suspension (45 days)  <input type="checkbox"/> Virtual: Out of School Alternative Placement (45 days)	<input type="checkbox"/> Parent/guardian conference <input type="checkbox"/> Counseling services (outside agency) <input type="checkbox"/> Restorative practices and restitution <input type="checkbox"/> School Counselor Referral
<b>Level 4: Behaviors that result in violence to another person or property or pose a threat to the safety of others.</b>		
<input type="checkbox"/> Repeat / Continuation of level 3 offenses Specify: _____  <input type="checkbox"/> Use or transfer of unauthorized substances <input type="checkbox"/> Bomb Threat / Arson <input type="checkbox"/> Intentional striking of staff <input type="checkbox"/> Possession, use, and / or transfer of dangerous weapons <input type="checkbox"/> Gang activity that results in violence and bodily harm <input type="checkbox"/> Electronic threat to cause bodily injury / death	<input type="checkbox"/> Out-of-School Suspension (90 days)  <input type="checkbox"/> Virtual: Out of School Alternative Placement (90 days)	<input type="checkbox"/> Parent/guardian conference <input type="checkbox"/> Counseling services (outside agency) <input type="checkbox"/> Restorative practices and restitution <input type="checkbox"/> School Counselor Referral
<b>Level 5: Behaviors that are zero tolerance offenses result in immediate removal from the regular school program.</b>		
<input type="checkbox"/> Aggravated assault / Assault that results in bodily harm* <input type="checkbox"/> Possession of unauthorized drugs (controlled or legend)* <input type="checkbox"/> Unauthorized possession of firearms*	<input type="checkbox"/> Expulsion* - (180 days)	<input type="checkbox"/> Parent conference required <input type="checkbox"/> Counseling services (outside agency)  <input type="checkbox"/> Further recommendation by the Superintendent

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



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<b>Teacher Interventions: (Supporting Documentation Should Be Attached)</b>		
<input type="checkbox"/> Student Warning <input type="checkbox"/> Parent Contact by Teacher <input type="checkbox"/> Individual Behavior Plan <input type="checkbox"/> Other (Please explain.) _____	<input type="checkbox"/> Use of Time-Out <input type="checkbox"/> Change of Seating <input type="checkbox"/> School Counselor 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:**

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**Administrator's Comments:**

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**Signatures:**

**Referring Faculty/Staff (if applicable):** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Administrator:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Please be sure the PLC principal and guardian receives a copy of the referral. Guardians have a right to appeal decisions. A scheduled appointment should be made to DHA.*