

TVEMS Discipline Form: Level I (Confidential for Staff Use Only)

Students Name: _____

Grade: K 1 2 3 4 5 6 7 8 Teacher Making the Referral: _____

Date: ___/___/___ Time: ___:___ am/pm

Please circle where the incident took place:

Classroom Cafeteria Hallway Computer Lab Bus Loading Zone
Playground Restroom Gym Other: _____

Please circle which behaviors exhibited-you may indicate up to three behaviors (circle):

Cheating Inappropriate Language Possession of Inappropriate Personal Property
Deceit Disruptive/Disrespectful Conduct Failure to participate in class
Inappropriate Appearance Inappropriate Display of Affection Skipping Class
Tardiness Habitual Violation of school rules or policies Other: _____

Please select intervention for School and Community Social Skill Standards (circle):

Self-awareness and Self-management Social-awareness and Interpersonal Skills
Decision-making Skills and Responsible Behaviors

Please circle: First Offense Second Offense Third Offense Fourth Offense Fifth Offense

Please indicate all Interventions (consequences) that may apply :

Teacher/student conference Counselor/Teacher conference BEST Room
School Counselor Referral for Individual Counseling Loss of Recess time (walking track only)
Denial of participation in class and/or school activities
Confiscation of inappropriate item Behavioral Contract Daily/weekly Progress Reports
Immediate exclusion by teacher from the classroom for one period/subject in office.
Denied credit for work resulting from cheating. Change in homeroom classroom

Teachers Signature: _____ Date: ___/___/___

TVEMS Discipline Form: Level II (Confidential for Staff Use Only)

Students Name: _____

Grade: K 1 2 3 4 5 6 7 8 Teacher Making the Referral : _____

Date: ___/___/___ Time: __:___ am/pm

Please circle where the incident took place:

Classroom Cafeteria Hallway Computer Lab Bus Loading Zone
Playground Restroom Gym Other: _____

Please circle which behaviors exhibited-you may indicate up to three behaviors (circle):

Level II: Leaving School without permission Physical fight without injury
Possession of Imitation Weapon Habitual Violation of School Rules or Policies
Profane Language/ Obscene Gesture/ Indecent Act (student or staff member)
Possession of knife not meeting Dangerous Weapon Technology Misuse
Habitual Violation of Level I Behavior Other: _____

Please select for School and Community Social Skill Standards (circle):

Self-awareness and Self-management Social-awareness and Interpersonal Skills
Decision-making Skills and Responsible Behaviors

Please circle: First Offense Second Offense Third Offense Fourth Offense Fifth Offense

Please indicate all interventions (consequences) that may apply :

Administrator/Parent /Teacher Conference Administrator /Student Conference
Referral to School Counselor Change in homeroom classroom Referral to Outside Agencies
Loss of Recess time (walk track only) Denial of participation in class and/or school activities
Confiscation of inappropriate item Behavioral Contract Daily/weekly Progress Reports
Immediate exclusion by teacher from the classroom.
Referral to IEP Team Referral to medical or mental health service In-school suspension
Law enforcement contact Out of school suspension Alternative Learning Environment

Teachers Signature: _____ Date: ___/___/___

Entered information in WVEIS on ___/___/___ by school Principal.(copy to teacher and Counselor)

TVEMS Discipline Form: Level III (Confidential for Staff Use Only)

Students Name: _____

Grade: K 1 2 3 4 5 6 7 8 Teacher Making the Referral: _____

Date: ___/___/___

Time: ___:___ am/pm

Please circle where the incident took place:

Classroom Cafeteria Hallway Computer Lab Bus Loading Zone

Playground Restroom Gym Other: _____

Please circle which behaviors exhibited-you may indicate up to three behaviors (circle):

Level III: Technology Misuse Battery against a student Defacing school Property

False Fire Alarm Fraud/Forgery Gambling

Hazing Sexual Misconduct

Threat of injury against an employee or student

Harassment/Bullying/Intimidation

Possession/Use of Substance Containing tobacco and or Nicotine

Habitual Violation of Level II behaviors Other: _____

Please select intervention for School and Community Social Skill Standards (circle):

Self-awareness and Self-management Social-awareness and Interpersonal Skills

Decision-making Skills and Responsible Behaviors

Please circle: First Offense Second Offense Third Offense Fourth Offense Fifth Offense

Please indicate all Interventions (consequences) that may apply:

Administrator/Student Conference Administrator/Teacher/parent conference

Referral to School Counselor Kelso Choice Group Referral to outside agencies

Denial of participation in class and/or school activities (PBIS, Field Trips, etc...)

Confiscation of inappropriate item Behavioral Contract Daily/weekly Progress Reports

Immediate exclusion by teacher from the classroom of one period/subject of the school day.

In School Suspension Out of school suspension up to ten days Expulsion

Teachers Signature: _____ Date: ___/___/___

Entered information in WVEIS on ___/___/___ by school principal (copy to teacher and counselor).

TVEMS Discipline Form: Level IV (Confidential for Staff Use Only)

Students Name: _____

Grade: K 1 2 3 4 5 6 7 8 Teacher Making the Referral: _____

Date: ___/___/___

Time: ___:___ am/pm

Please circle where the incident took place:

Classroom Cafeteria Hallway Computer Lab Bus Loading Zone

Playground Restroom Gym Other: _____

Please circle which behaviors exhibited-you may indicate up to three behaviors (circle):

Level IV: Battery against a School Employee

Felony

Possession and/or Use of Dangerous Weapon

Illegal Substance Related Behaviors

Habitual Violation of Level III behaviors Other: _____

Please select intervention for School and Community Social Skill Standards (circle):

Self-awareness and Self-management Social-awareness and Interpersonal Skills

Decision-making Skills and Responsible Behaviors

Please circle: First Offense Second Offense Third Offense Fourth Offense Fifth Offense

Please indicate all Interventions (consequences) that may apply :

Immediate exclusion by teacher from the classroom.

In school suspension Law enforcement notification Placement of student to Alternate Setting

Out of school suspension Recommended Expulsion

Denial of participation in class and or school activities

Referral to medical or mental health services Behavioral Contract

Teachers Signature: _____

Date:

___/___/___

Entered information in WVEIS on ___/___/___ by school principal (copy to teacher and counselor).

