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

Students Name	21,					
Grade: K 1 2	3 4 5 6 7 8	Teacher Makin	g the Referral:			
Date:/	/		Time::a	m/pm		
Please circle w	here the incider	nt took place:				
Classroom'	Cafeteria	Hallway	Computer Lab	Bus Loa	ading Zone	
Playground	Restroom	Gym	Other:			
Please circle w	hich behaviors	exhibited-you m	ay indicate up to	three behavior	s (circle):	
Cheating	Inappropriate l	Language	Possession of Ina	appropriate Per	rsonal Property	
Deceit	Disruptive/Disr	espectful Condu	ct Failure t	o participate in	class	
Inappropriate /	Appearance	Inappropriate [Display of Affectio	n Skippin	g Class	
Tardiness	Habitual Violat	ion of school rule	es or policies	Other:		
Please select in	ntervention for S	School and Com	munity Social Skil	l Standards (cir	rcle):	
Self-awareness	and Self-manag	ement	Social-awarenes	s and Interpers	onal Skills	
Decision-makir	ng Skills and Resp	oonsible Behavio	rs			
Please circle:	First Offense S	econd Offense	Third Offense Fou	irth Offense Fi	fth Offense	
Please indicate	all Intervention	ons (consequenc	es) that may app	<u>ly</u> :		
Teacher/stude	nt conference	Counse	lor/Teacher confe	erence	BEST Room	
School Counsel	or Referral for Ir	ndividual Counse	ling 1	Loss of Recess	time (walking track or	nly)
Denial of partic	ipation in class a	and/or school ac	tivities			
Confiscation of	inappropriate it	em Behavio	oral Contract	Daily/weekly P	rogress Reports	
Immediate exc	lusion by teache	r from the classr	oom for one perio	od/subject in o	ffice.	
Denied credit for	or work resulting	g from cheating.	Change i	n homeroom c	lassroom	
Teachers Signa	ture:				Date://_	

(Confidential for Staff Use Only)
Name of Witnesses:
Additional Comments:
Additional Comments:
Was Parent Contacted? Date/ Time::am pm
Brief description Conversation:

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

Students Name	e:					
<u> </u>		_				
Grade: K 1 2	3 4 5 6 7 8	Teacher Making	g the Referral :			
Date:/	/		Time: _:	am/pm		
Please circle w	here the inciden	t took place:				
Classroom	Cafeteria	Hallway	Computer Lab	Bus Lo	oading Zone	
Playground	Restroom	Gym	Other:			_
Please circle w	hich behaviors e	xhibited-you ma	ay indicate up to	three behavio	ors (circle):	
Level II:	Leaving School	without permiss	sion Physica	al fight without	injury	
	Possession of Ir	mitation Weapor	n Habitu	al Violation of S	School Rules or F	olicies
	Profane Langua	ige/ Obscene Ge	esture/ Indecent	Act (student o	r staff member)	
	Possession of k	nife not meeting	g Dangerous We	apon	Technology Mis	suse
	Habitual Violati	ion of Level I Beh	navior Other	r:		
Please select f	or School and Co	mmunity Social	Skill Standards	(circle):		
Self-awareness	s and Self-manag	ement	Social-awarene	ss and Interpe	rsonal Skills	
Decision-makin	ng Skills and Resp	onsible Behavio	rs			
Please circle:	First Offense S	Second Offense	Third Offense F	ourth Offense	Fifth Offense	
Please indicate	e all intervention	s (consequence	s) that may app	oly:		
Administrator/	Parent /Teacher	Conference	Administrator /	Student Confe	rence	
Referral to Sch	ool Counselor	Change in home	eroom classroor	m Referral to C	utside Agencies	
Loss of Recess	time (walk track	only) Denial	of participation	in class and/or	school activities	S
Confiscation of	f inappropriate it	em Behavio	oral Contract	Daily/weekly	Progress Report	S
Immediate exc	lusion by teacher	r from the classr	oom.			
Referral to IEP	Team Referra	l to medical or n	nental health se	rvice In-sch	ool suspension	
Law enforceme	ent contact	Out of school si	uspension	Alternative Le	arning Environm	nent
Teachers Signa	iture:				Date:/_	
	nation in WVEIS					ounselor

(Confidential for Staff Use Only)	
Name of Witnesses:	
Additional Comments:	
Additional Comments:	
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Was Parent Contacted? Date/ Time::am pm	
Brief description Conversation:	

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

Students Name	2:							
Grade: K 1 2	3 4 5 6 7 8	Teache	r Makin	g the Referra	::			_
Date:/	/			Time::_	am/pm			
Please circle w	here the incider	nt took p	olace:					
Classroom	Cafeteria	Hallwa	У	Computer La	ab	Bus Loading	Zone	
Playground	Restroom	Gym		Other:				
Please circle w	hich behaviors	exhibited	d-you m	ay indicate u	p to three	behaviors (cir	rcle):	
Level III:	Technology Mi	suse	Battery	y against a stu	ident	Defacing sch	nool Proper	ty
	False Fire Alarr	n	Fraud/	Forgery		Gambling		
	Hazing		Sexual	Misconduct				
	Threat of injur	y against	an emp	oloyee or stud	ent			
	Harassment/B	ullying/Ir	ntimidat	ion				
	Possession/Us	e of Subs	stance C	ontaining tob	acco and o	r Nicotine		
	Habitual Violat	ion of Le	evel II be	haviors	Other:			
Please select in	ntervention for	School a	nd Com	munity Socia	Skill Stan	dards (circle):		
Self-awareness	and Self-manag	gement		Social-aware	eness and I	nterpersonal	Skills	
Decision-makir	ng Skills and Res	ponsible	Behavio	ors				
Please circle:	First Offense S	Second C	Offense	Third Offense	Fourth Of	fense Fifth C	ffense	
Please indicate	all Intervention	ns (cons	equence	es) that may a	pply:			
Administrator/	Student Confere	ence	Admin	istrator/Teacl	her/parent	conference		
Referral to Sch	ool Counselor		Kelso (Choice Group	Referr	al to outside a	agencies	
Denial of partic	cipation in class	and/or s	chool ac	tivities (PBIS,	Field Trips	,etc)		
Confiscation of	inappropriate i	tem	Behavi	oral Contract	Daily/s	weekly Progre	ess Reports	
Immediate exc	lusion by teache	er from th	he classi	room of one p	period/sub	ect of the sch	nool day.	
In School Suspe	ension Out of	school s	uspensi	on up to ten o	days	Expulsion		
Teachers Signa	ture:					Da	ate:/_	
	nation in WVEIS						ther and co	unselo

(Confidential for Staff Use Only)
Name of Witnesses:
Additional Comments:
Also Donate Control 12 Day 11 12 Day
Was Parent Contacted? Date/ Time::am pm
Brief description Conversation:

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

Students Name	et <u>Name and a second</u>		A DE BEY	designation.		
Grade: K 1 2	3 4 5 6 7 8	Teacher Makin	g the Referral: _			
Date:/	1_		Time::	am/pm		
Please circle w	there the incider	nt took place:				
Classroom	Cafeteria	Hallway	Computer Lab	E	us Loading Zor	ie .
Playground	Restroom	Gym	Other:		444	144
Please circle w	hich behaviors	exhibited-you m	y indicate up to	o three be	haviors (circle)	
Level IV:	Battery against	a School Emplo	ree			
	Felony					
	Possession and	I/or Use of Dang	erous Weapon			
	Illegal Substanc	ce Related Behav	iors			
	Habitual Violat	ion of Level III be	haviors O	ther:	4 (6 (6))	
Please select in	ntervention for S	School and Com	nunity Social Sk	ill Standar	ds (circle):	
Self-awareness	and Self-manag	ement	Social-awarene	ss and Into	erpersonal Skill	S
Decision-makin	ng Skills and Resp	oonsible Behavio	S			
Please circle:	First Offense S	econd Offense	hird Offense Fo	urth Offe	nse Fifth Offen	se
Please indicate	all Interventio	ns (consequence	s) that may ap	i ylc		
Immediate exc	lusion by teache	r from the classr	oom.			
In school suspe	ension Law en	forcement notif	cation Placem	ent of stu	dent to Alterna	te Setting
Out of school s	uspension	Recommended	Expulsion			
Denial of partic	ipation in class a	and or school act	vities			
Referral to med	dical or mental h	ealth services	Behavio	oral Contra	act	
	nature:		LETYS KERRY		100 BH 1	Date:
Entered inform		on -/	by school a	ringing!		and counselor).
Cincica miorii	ICHOIT III VV VEIS	J.,	by school pi	micihai (co	ppy to teacher	and counselor).

(Confidential for Staff Use Only)
Name of Witnesses:
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Additional Comments:
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Was Parent Contacted? Date// Time::am pm
Brief description Conversation:
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