

Dr. Helen Baldwin Middle School

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DISCIPLINE REFERRAL

Student Name:		
Date:		Time: AM/ PM
Referred By:		
Location: Please circle choice.		
Art Room	Classroom	Music Room
Assembly	Computer Lab	Office
Athletic Fields	Field Trip	Other
Bathroom	Gymnasium	Parking Lot
Bus	Hallway	Playground
Cafeteria	Library	Stairwell
Subject: Please circle choice.		
After School	Guidance	Non-Instructional Time
Art	Intervention	Other
Before School	Language Arts	Physical Education
Bulldog Block	Library	Recess
Enrichment Zone/ 8 th	Lunch	Science
FCS	Math	Social Studies
Foreign Language	Music	Technology
Arrangement: Please circle choice.		
Assembly	Field Trip	Lunch
Bus	Group Work	Other
Computer Lab/ Work	Independent Work	Test/ Quiz
Dance	Instructional Time	Transition
Offense: Please circle choice.		
Bullying/ Harassment	False Info/ Lying	Theft
Bus Referral	Fighting	Threat/ Intimidation
Cell Phone Use	Hands On Behaviors	Tobacco Possession
Cheating/ Plagiarism	Other	Truancy
Class Disruptions	Physical Aggression	Vandalism
Defiance	Inappropriate Items	Weapons
Disrespect to Student	Profanity	Work Avoidance
Disrespect to Teacher	Skipping Class	
Dress Code Violation	Tardiness	

Please use the opposite side of this form to describe the offense.

Description: Please describe the incident.

For Office Only

Person Entering into Educator's Handbook:

Date Entered into Educator's Handbook: