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|  | **LCMS Discipline Referral Form**  Long County Middle School  550 South McDonald Street  Ludowici, GA 31316  912-545-2069 |  |

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ **Time:** \_\_\_\_\_\_\_\_\_ **Grade:** \_\_\_\_\_

**Reported by:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **LOCATION** |

**\_\_\_** Classroom \_\_\_ 6th/7th Grade Hall \_\_\_ 8th Grade Hall \_\_\_ Gym \_\_\_ Bus Ramp \_\_\_ Parking Lot \_\_\_ Restroom

\_\_\_ Outside Break Area \_\_\_ Outside Cafeteria \_\_\_ Office \_\_\_ Off Campus \_\_\_ Other (Explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **PROBLEM BEHAVIOR** |

\_\_\_ Inappropriate Language \_\_\_ Fighting \_\_\_ Disrespect/Non-compliance \_\_\_ Cheating \_\_\_ Bullying/Harassment

\_\_\_ Electronic device/Tech violation \_\_\_ Disruption \_\_\_ Theft \_\_\_ Vandalism \_\_\_ Dress code violation

\_\_\_ Weapons \_\_\_ Inappropriate behavior \_\_\_ Out of Area \_\_\_ Tobacco/Alcohol/Drugs \_\_\_ Instigating \_\_\_ Other

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| **POSSIBLE MOTIVATION** |

\_\_\_ Avoid adults \_\_\_ Avoid peers \_\_\_ Avoid task/activity \_\_\_ Obtain adult attention \_\_\_ Obtain peer attention

\_\_\_ Obtain items/activities \_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **OTHERS INVOLVED** |

\_\_\_ Staff \_\_\_ Peers \_\_\_ Substitute \_\_\_ None \_\_\_ Unknown

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| **PREVIOUS ACTION BY STAFF** |

\_\_\_\_\_ Verbal reprimand/warning \_\_\_\_\_ Parent contact \_\_\_\_\_ Student conference \_\_\_\_\_ Parent conference

\_\_\_\_\_ Detention \_\_\_\_\_ Referral \_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **ADMINISTRATIVE ACTION** |

\_\_\_\_\_ Time in office \_\_\_\_\_ Discipline Tribunal \_\_\_\_\_ In School Suspension

\_\_\_\_\_ Student conference \_\_\_\_\_ Restitution: \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_days

\_\_\_\_\_ Parent conference \_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Start date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_ Written letter End date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_ Privilege loss \_\_\_\_\_ Out of School Suspension

\_\_\_\_\_ days

\* \_\_\_\_\_ Parent conference required to return to school Start date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

End date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Date:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ **Administrator Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Parent Contacted:** Y / N