

**SCHOOL DISTRICT OF RIVER FALLS
RIVER FALLS, WI 54022
DISCIPLINE REPORT**

Student's Name: _____

Date: _____ AM or PM School: _____

Bus Driver's Name: _____ Route: _____

Description of Incident (Include students and schools involved): _____

1st Discipline Report

2nd Discipline Report

Severe/Chronic Report

- | | | |
|--|--|--|
| <input type="checkbox"/> Prior Warning | <input type="checkbox"/> Date of 1st Report | <input type="checkbox"/> Verbal Contact with Principal |
| <input type="checkbox"/> Assigned Seat | <input type="checkbox"/> Driver to call principal for level of intensity, etc. | <input type="checkbox"/> Driver to call principal for level of intensity, etc. |
| <input type="checkbox"/> Driver to call principal for level of intensity, etc. | <input type="checkbox"/> Copy to Principal | <input type="checkbox"/> Copy to principal |
| <input type="checkbox"/> Copy to Principal | <input type="checkbox"/> Principal meet with Student | <input type="checkbox"/> Principal meet with Student |
| <input type="checkbox"/> Principal meet with student | <input type="checkbox"/> Determine Bus Suspension Period (Up to 5 days) | <input type="checkbox"/> Determine Bus Suspension Period (Minimum 5 days) |
| <input type="checkbox"/> Determine Bus Suspension (If any) | <input type="checkbox"/> Principal Notify Parents | <input type="checkbox"/> Principal Notify Parents |
| <input type="checkbox"/> Principal Notify Parents | <input type="checkbox"/> Parent Conference | <input type="checkbox"/> Parent Conference |
| <input type="checkbox"/> Parent sign & return report to Principal | <input type="checkbox"/> Parent sign & return report to Principal | <input type="checkbox"/> Parent sign & return report to Principal |
| <input type="checkbox"/> Completed Copy to Bus Garage immediately | <input type="checkbox"/> Completed Copy to Bus Garage immediately | <input type="checkbox"/> Completed Copy to Bus Garage immediately |
| <input type="checkbox"/> Principal to record in STI | | |
| <input type="checkbox"/> With all reports Principals to keep bus garage informed as needed and upon completion | | |

Parent/Guardian Notification: Person Contacted: _____ By: _____

Date/Time: _____ Results: _____

Conference Notes, Suspension Dates, Etc.

Parent/Guardian Signature: _____

Bus Garage Representative: _____ Administrator: _____

