

Items below to be completed by teacher **Date**

Student's Name		Grade	Student ID
Teacher	Location	Period/Time of Day	
Student Behavior Dress Code Classroom Misconduct Skipped Class Inappropriate Language/Action Conflict with another student Other _____	Action taken by Teacher prior to referral Conference with Student Behavior Contract Counselor Other _____ Other _____		
Parent Contact Phone Call Conference Letter/Email Contact Made ___ YES ___ No			
Description of Offense (continued on Page 2)			

Items below to be completed by Administrator **Date** **Time**

Non PEIMS Action Warning/Citation Parent Contact Call ___ Email ___ Conference ___ Contact Made ___ YES ___ NO		Detention/Campus Service Description: _____ Begin Date: _____ End Date: _____ Total Length: _____ Other: _____	
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PEIMS Action Reason/Offense Codes 21 Violation of Student Code of Conduct 41 Fighting 04 Possessed, Sold, or Used Marijuana Or other controlled substance			05 Possessed, Sold, or Under Influence of Alcohol 33 Possessed, Purchased, used a cigarette or Tobacco Products 43 Failure to attend School (at least 3 unexcused in a 4 week period)			44 Failure to Attend School (10 unexcused in 6 month period) Enter PEIMS Code if not listed _____ _____		
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PEIMS Action Codes 05 Out of School Suspension (OSS) (no more than 3 days) 06 In School Suspension (ISS) 07 Placement in an on/off Campus DAEP Other _____ Other _____	Start Date _____ _____ _____ _____	End Date _____ _____ _____ _____	Modified? Indicate # of days _____ _____ _____ _____	Official Length _____ _____ _____ _____	Campus Assigned: _____ _____
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Link to another action: _____
 Administrator Comments: (continued on Page 3)

 Student Signature Administrator Signature Date

 Parent Signature Date