

**MACON COUNTY SCHOOLS  
DISCIPLINARY REFERRAL**

School: \_\_\_\_\_

\_\_\_\_\_ Incident Code

NAME OF STUDENT \_\_\_\_\_ TELEPHONE \_\_\_\_\_ RACE \_\_\_\_\_ SEX \_\_\_\_\_

NAME OF PARENT/GUARDIAN \_\_\_\_\_ ADDRESS \_\_\_\_\_

DESCRIPTION OF INCIDENT \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Incident \_\_\_\_\_ Time of Incident \_\_\_\_\_ Educator's Signature \_\_\_\_\_

**ACTION TAKE BY TEACHER/EDUCATOR PRIOR TO REFERRAL (Check Below)**

- \_\_\_\_\_ Review of rules related to misbehavior
- \_\_\_\_\_ Phone call to parents
- \_\_\_\_\_ Conference with parents
- \_\_\_\_\_ Conference with counselor
- \_\_\_\_\_ Conference with student services
- \_\_\_\_\_ Other \_\_\_\_\_

**TO BE COMPLETED BY STUDENT HERE OR ON A SEPARATE STATEMENT SHEET (Due Process; Required)**

Have you been given the opportunity to share your version? \_\_\_\_\_ Yes No \_\_\_\_\_

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**ACTIONS TAKEN/COMMENTS BY THE SCHOOL ADMINISTRATOR**

**COMMENTS**

- \_\_\_\_\_ Conference with the student
- \_\_\_\_\_ Student assigned to a school counseling session
- \_\_\_\_\_ Conference with parent/guardian
- \_\_\_\_\_ In-School Support/Detention \_\_\_\_\_ # of Days
- \_\_\_\_\_ Referred to Student Success Center \_\_\_\_\_ # of Days Recommended
- \_\_\_\_\_ Corporal Punishment (limit of 3 swats; with written parental permission and only by school administrator)
- \_\_\_\_\_ Suspension out of School \_\_\_\_\_ # of Days
- \_\_\_\_\_ Recommended for Expulsion (The expulsion must be completed and routed to the Superintendent.)
- \_\_\_\_\_ Other Action Taken \_\_\_\_\_
- \_\_\_\_\_ Other Action Taken \_\_\_\_\_

Administrator's Signature \_\_\_\_\_

Date \_\_\_\_\_