

**CONFIDENTIAL**  
**Time Away from Class Form**

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Building: (Jr./Sr. HS, EES, SS, DA)  
 Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_ Referring Staff: \_\_\_\_\_ Date Seen: \_\_\_\_\_  
 Student Initiated: (Yes or No) Does Student Have B.I.P. (Yes or No) Does Student Have an I.E.P. (Yes or No)

**Location of Incident**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Teacher's classroom | <input type="checkbox"/> Lavatory (Specify location:_____) | <input type="checkbox"/> Indoor recess   |
| <input type="checkbox"/> Hallway             | <input type="checkbox"/> Library                           | <input type="checkbox"/> Outdoor recess  |
| <input type="checkbox"/> Study Hall          | <input type="checkbox"/> Auditorium/Assembly               | <input type="checkbox"/> Common areas_____   |
| <input type="checkbox"/> Parking Lot         | <input type="checkbox"/> In school suspension room         | <input type="checkbox"/> Specials_____   |
| <input type="checkbox"/> Bus                 | <input type="checkbox"/> Storage closet                    | <input type="checkbox"/> Support service_____  |
| <input type="checkbox"/> Cafeteria           | <input type="checkbox"/> Detention room                    | <input type="checkbox"/> Before/After school activities (Specify activity and location : ) _____ |
| <input type="checkbox"/> Gym                 | <input type="checkbox"/> Outside on school grounds         | <input type="checkbox"/> Extra-curricular activities   |
| <input type="checkbox"/> Office              | <input type="checkbox"/> Other_____                        | <input type="checkbox"/> Field Trip  |
| <input type="checkbox"/> Nurse's office      | <input type="checkbox"/> Locker room                       | <input type="checkbox"/> Computer lab  |

**Offense: Major Problem Behavior**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Disrespectful to staff member                 | <input type="checkbox"/> Indecent exposure                       | <input type="checkbox"/> Truancy from school  |
| <input type="checkbox"/> Destruction or damage of school property      | <input type="checkbox"/> Insubordination                         | <input type="checkbox"/> Alcohol  |
| <input type="checkbox"/> Failed to report to detention                 | <input type="checkbox"/> Left class without permission           | <input type="checkbox"/> Aggression   |
| <input type="checkbox"/> False fire alarm                              | <input type="checkbox"/> Left school without permission          | <input type="checkbox"/> Inappropriate display of affection                           |
| <input type="checkbox"/> Fighting                                      | <input type="checkbox"/> Profanity or gestures                   | <input type="checkbox"/> Cheating/Plagiarism  |
| <input type="checkbox"/> Conduct which endangers Oneself and/or others | <input type="checkbox"/> Profanity or gestures directed to staff | <input type="checkbox"/> Illegal drugs  |
| <input type="checkbox"/> Bullying                                      | <input type="checkbox"/> Skipped/Missed detention                | <input type="checkbox"/> Using any medication without permission                      |
| <input type="checkbox"/> Physical altercation                          | <input type="checkbox"/> Use of tobacco products                 | <input type="checkbox"/> Weapons possession – confiscated                             |
| <input type="checkbox"/> Hitting                                       | <input type="checkbox"/> Theft                                   | <input type="checkbox"/> Alcohol- use, possession or sale of                          |
| <input type="checkbox"/> Disorderly conduct                            | <input type="checkbox"/> Threatening property of staff           | <input type="checkbox"/> Property destruction, damage or misuse with malicious intent |
| <input type="checkbox"/> False emergency call                          | <input type="checkbox"/> Threatening to harm staff               | <input type="checkbox"/> Threatening to damage school property                        |
| <input type="checkbox"/> Harassment of other student                   | <input type="checkbox"/> Threats                                 | <input type="checkbox"/> Threatening to harm others                                   |
|  |  | <input type="checkbox"/> Inappropriate use of electronic device                       |
|  |  | <input type="checkbox"/> Other _____  |

**Offense: Chronic Incidences of the following Minor Behaviors**

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|--|---|--|
| <input type="checkbox"/> Bus behavior                      | <input type="checkbox"/> Inappropriate behaviors    | <input type="checkbox"/> Disrespectful of personal space       |
| <input type="checkbox"/> Did not abide by school rules     | <input type="checkbox"/> Lunch behavior             | <input type="checkbox"/> Re-directable defiance                |
| <input type="checkbox"/> Electronic device                 | <input type="checkbox"/> Inappropriate language     | <input type="checkbox"/> Re-directable disruption              |
| <input type="checkbox"/> Roaming the halls                 | <input type="checkbox"/> Insubordination            | <input type="checkbox"/> School Property misuse                |
| <input type="checkbox"/> Disruption of education           | <input type="checkbox"/> Late to class              | <input type="checkbox"/> Dress code                            |
| <input type="checkbox"/> Driving/Riding/Parking infraction | <input type="checkbox"/> Late to school             | <input type="checkbox"/> Failure to follow safety rules        |
| <input type="checkbox"/> Excessive talking                 | <input type="checkbox"/> Lying                      | <input type="checkbox"/> Unauthorized use of electronic device |
| <input type="checkbox"/> Excessive tardiness to school     | <input type="checkbox"/> Missed/Skipped class       | <input type="checkbox"/> Injuring self                         |
| <input type="checkbox"/> Frequently late to class          | <input type="checkbox"/> Misuse of computer account | <input type="checkbox"/> Unprepared for class                  |
| <input type="checkbox"/> Physical contact                  | <input type="checkbox"/> Pass abuse                 | <input type="checkbox"/> Excessive early pick up               |
| <input type="checkbox"/> Horseplay                         | <input type="checkbox"/> Uncooperative              | <input type="checkbox"/> Other_____                            |
|  |   | <input type="checkbox"/> Excessive emotional reaction          |
|  |   | <input type="checkbox"/> Not adhering to their school schedule |

**Disposition:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> None   | <input type="checkbox"/> Teacher resolved   | <input type="checkbox"/> Individual crisis intervention     |
| <input type="checkbox"/> Warning  | <input type="checkbox"/> Monitored study hall   | <input type="checkbox"/> Bus suspension _____Days           |
| <input type="checkbox"/> Detention  | <input type="checkbox"/> Out of school suspension   | <input type="checkbox"/> Loss of privilege - Specify_____   |
| <input type="checkbox"/> In-School suspension<br>(PD)_____Hours/_____Days | <input type="checkbox"/> Conference (Parent/Student)<br>(W/3214-Superintendent's hearing) | <input type="checkbox"/> Think Sheet/Restitution/Apology    |
| <input type="checkbox"/> Lunch detention                                  | <input type="checkbox"/> Removal from classroom   | <input type="checkbox"/> Parent contact - Time called:_____ |
| <input type="checkbox"/> Classroom suspension                             | <input type="checkbox"/> (PD) _____Minutes _____Hours                                     | <input type="checkbox"/> Other                              |
| <input type="checkbox"/> Out of school suspension<br>_____Hours/_____Days | <input type="checkbox"/> In school suspension ( PD)<br>_____Minutes _____Hours            |   |

**Description of Incident: Please choose at least one number from Row A AND one number from Row B in your description of the incident. You may use more than one number from each row. Please be as descriptive as possible.**

**Row A (can indicate more than one number)  
Indicate a number for each person involved:**

- |                         |                                 |
|-------------------------|---------------------------------|
| 1. Administration _____ | 9. Parent                       |
| 2. Aide _____           | 10. Peers _____                 |
| 3. Bus driver           | 11. Security _____              |
| 4. Coach/Advisor        | 12. Special area teacher _____  |
| 5. Custodian            | 13. Substitute _____            |
| 6. Dean                 | 14. Support service staff _____ |
| 7. None                 | 15. T.A. _____                  |
| 8. Nurse                | 16. Teacher _____               |
|                         | 17. Other _____                 |

**Row B (can indicate more than one number)  
Indicate a number for what the student was engaged in during incident:**

- |  |   |
|--|---|
| 18. Alone                                    | 24. One on one instruction-Subject _____  |
| 19. Clubs/Sports/Extra Curricular activities | 25. Other: _____                          |
| 20. Eating Breakfast/Snack/Lunch             | 26. Playing during recess                 |
| 21. Extra help                               | 27. Small group instruction-Subject _____ |
| 22. Individual work-Subject _____            | 28. Transitioning                         |
| 23. Interacting with peers                   | 29. Waiting on line                       |
|  | 30. Whole group instruction-Subject _____ |
|  | 31. Working with peers-Subject _____      |

Reason for Referral:

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Previous Action Taken:

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Comments:

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