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| **STUDENT NAME** | **KEANSBURG SCHOOL DISTRICT****“TITANS”****KEANSBURG, NJ 07734****(732)787-2007** | **DATE OF INCIDENT** |
| **GRADE**  | **TEACHER SENDING PUPIL** |
| **PERIOD**  |  |
| **REASONS FOR STUDENT REFERRAL:** **Please use the drop down menus below to find the Infraction(s) related to this student behavior referral.** **Low Level Infraction --------->**  **Middle Level Infraction ----->**  **High Level Infraction --------->**  |
| ***NARRATIVE OF INCIDENT* (Please write a detailed explanation of the incident)** |
| **ACTION TAKEN PRIOR TO THIS REFERRAL:** **DATE(S)****[ ]  TELEPHONED PARENTS** **[ ]  HELD CONFERENCE WITH STUDENT** **[ ]  SENT E-MAIL HOME** **[ ]  ASSIGNED TEACHER DETENTION**  |  **DATE(S)****[ ]  REQUEST PARENT CONFERENCE** **[ ]  CONSULTED COUNSELOR/CST** **[ ]  CHANGED STUDENT’S SEAT** **[ ]  OTHER**  |
| **PRESENT ACTION (OFFICE USE ONLY)****[ ] PARENT CONTACTED****[ ] STUDENT ASSIGNED** **DAY LOSS OF RECESS****[ ] STUDENT ASSIGNED** **HOURS OF CENTRAL DETENTION** **[ ] STUDENT ASSIGNED** **DAYS OF SSP****[ ]  STUDENT ASSIGNED** **DAYS OF OSS** |