

Progressive Discipline Checklist and Referral Form

Check all interventions or factors that are applicable. Please print clearly and use reverse side if necessary

Student Name /Class		IEP <input type="checkbox"/>
Referring Staff		Date of Incident: Time of Incident:
Brief Description of Incident(s)		
Progressive Discipline and Behavioural Interventions <i>(Please indicate dates of previous interventions)</i>	<input type="checkbox"/> Meeting with student	
	<input type="checkbox"/> Counselling regarding behaviour	
	<input type="checkbox"/> Review Code of Conduct	
	<input type="checkbox"/> Contacted other teachers who teach this student	
	<input type="checkbox"/> Consulted Teacher/Guidance /OSR	
	<input type="checkbox"/> Referred to F.O.S. CYW	
	<input type="checkbox"/> Behaviour contract	
	<input type="checkbox"/> Meeting with Parent/Guardian	
	<input type="checkbox"/> Attempted resolution through Restorative Practices or other Framework (Please Specify)	
	<input type="checkbox"/> Teacher discussion with PL/ACL /GUIDANCE	
	<input type="checkbox"/> Teacher discussion with VP	
	<input type="checkbox"/> Referral to SST	
Further Action(s) Taken by Teacher		
Student Input		
Action taken by Vice-Principal		
Vice Principal		Date: