

Provo City School District Disciplinary Committee Referral

Date _____ School _____

Student _____ D.O.B. _____ Grade: _____

Parent(s) _____ Student # _____

Address _____ Home Phone # _____

_____ Work Phone # _____

ESL Classification _____

Special Ed. No Yes **Manifestation Determination Required**

504 Plan: No Yes **Manifestation Determination Required**

Level of Violation (s): Level 2 _____

Level 3 _____

Details:

Substance Abuse (specify) _____

Decisions will be based on the following documented evidence

Attach the following:

Family Assessment (required prior to screening)

Witness Statements

Quick Look-up

Incident Report

Transcript

Attendance

Current IEP/LRBI information

Current Status of Student

Out of school suspension

With homework

Without homework

of days _____

Referred to Police Date: _____

Charges: _____

Officer: _____

Case #: _____

Administrator Recommendation for screening outcome: _____

Signature of principal

Signature of parent