

STUDENT DISCIPLINE REPORT FORM

Program _____ Instructor _____

Student's Name _____ Date of Report _____

Describe nature of unacceptable behavior: _____

Date and time unacceptable behavior incident occurred: Date _____ Time _____

Was incident reported to central administration office? Yes _____ No _____

Was any action taken by the instructor? Yes _____ No _____

Student's Statement: _____

Decision or Action Taken: _____

Student's Signature

Instructor's Signature

Administrator's Signature

STUDENT DISCIPLINE REPORT FORMS (Cont.)

COUNSELING FORM

Program Name: _____

Counseling Session 1 2 3

Student Name: _____

Date: _____

Reason For Counseling

Suggested Resolutions (If Pertinent):

Recommended resolutions are to be evident _____ (date)

Student Comments

I understand what the conditions of counseling are.

Student's Signature

Date

Instructor's Signature

Date

Administrator's Signature

Date

* Administrator's signature not required for individual counseling of student by instructor; however, instructor must keep on file record of all important counseling sessions with each individual student.

STUDENT DISCIPLINE REPORT FORMS (Cont.)

COUNSELING REFERRAL FORM

Student _____

Program _____ Referral Date _____

Instructor's Signature _____ Date _____

Counselor comments/recommendations _____

Counselor's Signature _____ Date _____

Student Comments _____

Student's Signature _____ Date _____