



What Happened??

Name: _____

Today's Date: ___/___/___

Class Period: (Circle) 1 2 3 4 5 LUNCH FAP ESD

Location: (Circle) Classroom Common Area Field Activity

Teacher: _____

Witness: _____

How are you feeling today? _____

For Office Use Only
Stamp below when ENTERED

Why were you sent to the office? (please circle all that apply):

- A. Out of Seat w/o Permission
- B. Talking Out of Turn or Talking During Instruction
- C. Disparaging Comment Toward Another Student
- D. Negative Comment or Statement
- E. Offensive or Inappropriate Language
- F. Horseplay or Roughhousing
- G. Irresponsible Use of Equipment
- H. Disrespectful
- I. Academic Integrity Violation
- J. Defiant, Not Following Directions
- K. Throwing Objects in Class
- L. Defiant, Not Following Reasonable Teacher Request
- M. Uncontrolled Outburst, Laughter, Excessive Response
- N. Disparaging Comment Toward Staff Member
- O. Laboratory Safety Violation
- P. Threat or Intimidation Direct or Implied
- Q. Writing/Marking on Self or Clothing
- R. Marking on School Property
- S. Inappropriate Use of Cell Phone or Electronics
- T. Excessive Restroom Use
- U. Touching, Poking, Hair Pulling
- V. Touching or Tampering with the Property of Another
- W. Other: _____

Please describe the circumstances which led to your removal from class in the area below:

(This form must be completed before you can state your case to the directors.)
