

PINELLAS COUNTY SCHOOLS
RECORD OF DISCIPLINE INTERVENTIONS FORM

STUDENT INFORMATION

Name _____ Grade _____ School _____
Student # _____ Sex _____ Race _____
Address _____ Parent/Guardian _____
City & Zip _____ Phone # (H) _____ (W) _____

CONTINUUM OF SERVICES

Current ESE Program _____ FT PT 504? yes no

When recommending reassignment or expulsion please document, with dates and outcomes, the educational and student services provided by the school.

Parent Conferences _____

Classroom/School Intervention Strategies (tutor, mentor, etc.) _____

Guidance Services _____

Psychological Services _____

Social Work Services _____

504, Student Services, or Staffing Team Action _____

Educational Alternative Services _____

Community Agency Services (List Agencies: e.g., PAR, JJ, etc.) _____

Submitted by _____ **Title** _____ **Date** _____

Principal Signature _____ **Date** _____
(discpl 8/00)