

APPENDIX C
Guilford County Schools
Memorandum of Disciplinary Action Form

STUDENT DEMOGRAPHIC INFORMATION

School Name: _____ EC Student? (Y/N): _____ EC Classification: _____
Student Name: _____ Parent/Guardian Name: _____
Address: _____ Phone (Home): _____
Phone (Work): _____
Phone (Other): _____

STAFF INCIDENT INFORMATION

Date of Incident: _____ **Time of Incident:** _____

Location of Incident:

_____ Assembly	_____ Classroom	_____ Media Center	_____ Parking Lot
_____ Restroom	_____ Field Trip	_____ Specialist Room	_____ Playground
_____ Bus	_____ Gym	_____ Off-Campus	_____ Stadium
_____ Bus Stop	_____ Hallway/Breezeway	_____ Office/Grounds	_____ Stairway
_____ Cafeteria	_____ Locker Room	_____ Other Location	

Brief Description of Incident:

Action(s) Taken by Administration:

Referring Staff Signature: _____ Date: _____

ADMINISTRATOR CONSEQUENCES

Code of Conduct Rule(s) Violated: _____

Consequences:

_____ Admin Conference w/ Parent/Guardian	_____ Referral to IST	_____ Referral to Counselor
_____ Admin Conference w/ Student	_____ ISS Partial Day	_____ Referral to Lifestyles
_____ After School Detention	_____ Loss of Privilege	_____ Referral to Mediation
_____ Alt. Learning School (SCALE)	_____ Suspension – Bus	_____ Referral to Social Worker
_____ Before School Detention	_____ Suspension (ISS)	_____ Report to Law Enforcement
_____ Behavior Contract / BIP	_____ Suspension – 10 days or less	_____ Restitution
_____ Community Based ALP	_____ Suspension – 10 days or less (pending hearing)	_____ Send Home Early
_____ Hearing Held (no change in placement)	_____ Suspension – 11-364 days	_____ Tobacco Awareness Class
_____ Hearing Held (change in placement)	_____ Suspension – 365 days	_____ Unilateral Change in Placement (EC Only)
_____ Homebound	_____ Expulsion	_____ Warning
_____ Home Visit	_____ Referral to CSW	_____ Other: _____

Suspension Information

Number of Days Suspended: _____ Incident Recorded in PowerSchool? (Y/N): _____ Recorded By: _____
First Day of Suspension: _____ Incident Reported to Law Enforcement? (Y/N): _____ Reported By: _____
Last Day of Suspension: _____ Parent/Guardian Contacted? (Y/N): _____ Contacted By: _____
Date Student Returns: _____ Via: _____ Phone _____ Conference _____ US Mail _____ Email _____ Contact Date _____
Number of Cumulative Suspensions: _____

Signature of Parent: _____ Date: _____

Signature of Administrator: _____ Date: _____

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