

St. Lucie Public Schools Bus Safety Referral

Student Name: _____ Student ID #: _____

School: _____ Grade: _____ Gender: _____ Incident Date: _____ Time: _____ Bus # _____

Check if applicable: Student has an IEP Student has a 504 Plan Student has a Behavior Plan

DETAILED description of incident (Include **WHO, WHAT, WHEN, WHERE, WHY**): _____

Context of incident (check one):
 1 During school hours 2 Outside school hours-school sponsored activity 3 Outside school hours-non-school sponsored activity

Where incident occurred (check one):
 1 School grounds/on campus 2 School-sponsored activity/off campus 3 School-sponsored transportation (including bus stops)
 School where incident occurred if other than home school: _____ 9001 Non-school location

Incident Location (check one):
 AT Activity Trip BS Bus Stop CL Classroom HL Hallway OF Office RR Restroom 99 Unknown
 AU Auditorium BU School Bus FT Field Trip LR Locker Room PE Playground/PE SG School Grounds/Commons Area
 BR Bus Ramp CA Cafeteria GY Gym MC Media Center PK Parking Lot ST Stadium

Participants involved in incident (check one): *input in ITYPE field on A24
 S- Student N- Non-student B- Both student and non-student U- Unknown

Prior action taken before referral (check one):
 1- Conference with pupil 2- Referred to Counselor 3- Placed pupil in detention 4- Other action _____
 5- Re-teach expectations 6- Parental contact _____ (date) Phone Letter Conference

Possible motivation (check one):
 1- Avoid Adult 2- Avoid Task/Activities 3- Obtain Adult Attention 4- Obtain Peer Attention
 5- Avoid Peers 6- Obtain Items/Activities 7- Don't Know 8- Other: _____

Reported by (check one): Staff ID #s should be used. Persons without staff ID #s should use the following codes:
 980 Area Manager (Trans) 977 Campus Aide 966 Custodian 973 Other 979 Security
 975 Asst. Principal 962 Classroom Aide 976 Dean 969 Parent/Guardian 970 Student
 978 Bus Attendant 964 Clerical 967 Food Service Staff 974 Principal 971 Sub Teacher
 963 Bus Driver 965 Crossing Guard 968 Law Enforcement Officer 972 School Volunteer Security Initials _____

Reported by (signature): _____ **Print Name:** _____ **Date:** _____ **Area Manager Initials:** _____

Administrative Use Only (Required).....

Date received or date stamped by clerk: _____ **Date Action Taken:** _____

Action by Administration
 Incident Description Code: _____ Discipline Response/Action Code(s): _____
(see back of form for codes) (see back of form for codes)

If suspended: (check one) out of school in- school bus, for _____ days beginning _____ through _____
(beginning date) (Last day of suspension)

CONTACT WITH: _____ phone # _____ time _____ email _____

If parent conference was requested, give date and time of conference: _____

COMMENTS: _____

Other data (check if appropriate): Alcohol Related Marijuana/hashish/other cannabinoids Other Illicit Drugs Hate Related
 Gang related Harassment /Bullying related: reason suspected _____

Injury Related: A - More Serious B - Less Serious Z - No serious bodily injury involved

Weapons description: F-Firearm, Other H-Handgun K- Knife O- Other Weapon
 More than 1 weapon used R- Rifle or Shotgun U- Unknown Weapon

Reported to Police: _____ **Date, time and to whom reported:** _____ **Case #** _____
(Required for level IV) (initial)

Administrator Signature: _____ Parent/Student signature: _____

Incident # _____ MI # _____