



**Guam Department of Education  
Office Discipline Referral (Secondary)**

Student Name:		Grade:	COMMUNICATION LOG (Clerical Staff Only)					
Reporting Person:		( ) Teacher ( ) Staff ( ) Other	Parent/Guardian:					
Administrator:		Contact Numbers: (H) (W) (C)						
Date:	Time:	Location of Incident:	<input type="checkbox"/> Student Hand Carried					
Incident Notes:			<input type="checkbox"/> Delivered By:					
			Attempt	Date	Time	Contacted	Name	
			1			Y / N		
			2			Y / N		
3			Y / N					
FUNCTION OF BEHAVIOR:			<input type="checkbox"/> Obtain Items/Activities	<input type="checkbox"/> Avoid Adult(s)	Others involved: <input type="checkbox"/> None <input type="checkbox"/> Peers <input type="checkbox"/> Teacher			
<input type="checkbox"/> Obtain Peer Attention			<input type="checkbox"/> Avoid Tasks/Activities	<input type="checkbox"/> Other _____	<input type="checkbox"/> Substitute <input type="checkbox"/> Staff <input type="checkbox"/> Other: _____			
<input type="checkbox"/> Obtain Adult Attention			<input type="checkbox"/> Avoid Peer(s)					
<b>TEACHER/STAFF SECTION</b>					<b>ADMINISTRATION SECTION</b> <b>INTERVENTION/CONSEQUENCE ASSIGNED</b> <i>Refer to District Discipline-Truancy Manual for Details</i>			
<b>LVL</b>	<b>Discipline SubType/Problem Behavior</b>	<b>PwSch Code</b>	<b>SWIS</b>					
<b>LEVEL 1 OFFENSES</b>	<input type="checkbox"/> 4 Minor Classroom Infractions (IR-FI Required)	INFRT_4	Othr Behvr	<input type="checkbox"/> Conference with Student (3) <input type="checkbox"/> Parent Contact (4) Date: _____ Time: _____				
	<input type="checkbox"/> Abusive Language/Gestures/Profanity	02	InappLang	<input type="checkbox"/> Select one of the following: ( ) Warning (14) or ( ) Reprimand (15) or ( ) Loss of Privileges (2) Date: _____				
	<input type="checkbox"/> Disruptive Behavior	07	Disrupt	<input type="checkbox"/> 3-5 Days Student Placed on Contract (23) From: _____ To: _____				
	<input type="checkbox"/> Tardy (3 Unexcused) (BP 411)^(*)	08	Tardy	<input type="checkbox"/> Referral to Counselor (13) Date: _____				
	<input type="checkbox"/> Dress Code Violation^ (BP 401)/ Bag Policy^ (BP401.1)	12	Dress	<input type="checkbox"/> 1-3 Days: ( ) Detention (80) or ( ) Work Detail (24) From: _____ To: _____				
	<input type="checkbox"/> Endangers: Horse playing/Sparring	23	Disruption	<input type="checkbox"/> Other Codes: (use only interventions/consequences in the DDD): Specify Code _____				
	<input type="checkbox"/> Technology Violation^	39	TechVio					
	<input type="checkbox"/> Found Off-Limits Area	64	Out of Bounds					
	<input type="checkbox"/> Littering	75	Def/Disrsp					
	<input type="checkbox"/> Inappropriate Physical Contact	82	Disrespect					
<input type="checkbox"/> Public Display of Affection	85	InappDisAff						
<b>LEVEL 2 OFFENSES</b>	<input type="checkbox"/> 3 Level 1 Infractions	3_LEVEL_1	Othr/Behvr	<input type="checkbox"/> 3-5 Days: ( ) Lunch Detention (80) or ( ) Work Detail (24) From: _____ To: _____				
	<input type="checkbox"/> Physical Aggression	03	PhyAgg	<input type="checkbox"/> Mandatory Parent Conference (17) Date: _____ Time: _____				
	<input type="checkbox"/> Defiance/Disrespect/Insubordination	04	Def/Disrsp	<input type="checkbox"/> Referral to Counselor (13) Date: _____				
	<input type="checkbox"/> Deceptive Behavior	05	Lying/Cheat	<input type="checkbox"/> 2 Weeks Student Placed on Contract (23) From: _____ To: _____				
	<input type="checkbox"/> Property Damage	10	PropDam	<input type="checkbox"/> 5-10 Days: ( ) Lunch Detention (80) or ( ) Work Detail (24) From: _____ To: _____				
	<input type="checkbox"/> Theft	11	Theft	<input type="checkbox"/> ( ) Referral to Counselor (13) Date: _____				
	<input type="checkbox"/> Instigating a Fight	24	Disrupt	<input type="checkbox"/> ( ) 3 Weeks Student Placed on Contract (23) From: _____ To: _____				
	<input type="checkbox"/> Use/Poss./Distribution of Contraband	43	Combust	<input type="checkbox"/> 1-3 Days: ( ) Parent Shadowing (48) ( ) Suspension (27-29) ( ) In School Suspension (37-39)				
	<input type="checkbox"/> Reckless Conduct ^Ω	50	PhyAgg	<input type="checkbox"/> From: _____ To: _____ Return: _____				
	<input type="checkbox"/> Forgery	62	Forgery	<input type="checkbox"/> ( ) Referral to Counselor (13) Date: _____				
	<input type="checkbox"/> Gambling	63	PropMisuse	<input type="checkbox"/> ( ) 4 Weeks Student Placed on Contract (23) From: _____ To: _____				
	<input type="checkbox"/> Use/Poss./Distribution of Unauthorized Medium	71	Vandalism	<input type="checkbox"/> ( ) Mandatory Parent Conference (17) Date: _____ Time: _____				
	<input type="checkbox"/> Obscenity	84	Harass/Bully	<input type="checkbox"/> ( ) Referral to Counselor (13) Date: _____				
	<input type="checkbox"/> Skipping	99	Skip	<input type="checkbox"/> ( ) 6 Weeks Student Placed on Contract (23) From: _____ To: _____				
	<input type="checkbox"/> Academic Dishonesty	AD	Lying/Cheat	<input type="checkbox"/> ( ) Mandatory Parent Conference (17) Date: _____ Time: _____				
<b>LEVEL 3 OFFENSES</b> <i>Write in Problem Behavior and Code(s) in DDD Code(s) Note: Use Only Problem Behavior and Codes in DDD</i>	<input type="checkbox"/> 3 Level 2 Infractions	3_LEVEL_2	Othr/Behvr	<input type="checkbox"/> ( ) Other Codes: (use only interventions/consequences in the DDD): Specify Code _____				
	<input type="checkbox"/> Bullying Ω	06	Harass/Bully	<input type="checkbox"/> 3-10 Days: ( ) Parent Shadowing (48) ( ) Suspension (29-36) ( ) In School Suspension (39-46)				
	<input type="checkbox"/> Cyber-bullying Ω	09	Harass/Bully	<input type="checkbox"/> From: _____ To: _____ Return: _____				
	<input type="checkbox"/> Use/Poss./Distribution of Tobacco Products^ (BP430)	13	Tobacco	<input type="checkbox"/> ( ) Mandatory Parent Conference (17) Date: _____ Time: _____				
	<input type="checkbox"/> Use/Poss./Distribution of Alcohol Products* Ω	14	Alcohol	<input type="checkbox"/> ( ) Referral to Counselor (13) Date: _____				
	<input type="checkbox"/> Use/Poss. of Combustibles	15	Combust	<input type="checkbox"/> ( ) 4 Weeks Student Placed on Contract (23) From: _____ To: _____				
	<input type="checkbox"/> Vandalism Property Damage	16	Vandalism	<input type="checkbox"/> ( ) 5-10 Days: ( ) Parent Shadowing (48) ( ) Suspension (31-36) ( ) In School Suspension (41-46)				
	<input type="checkbox"/> Terroristic Conduct* Ω	17	BombTht	<input type="checkbox"/> From: _____ To: _____ Return: _____				
	<input type="checkbox"/> Arson Property Damage* Ω	18	Arson	<input type="checkbox"/> ( ) Referral to Counselor (13) Date: _____				
	<input type="checkbox"/> Use/Poss./Distribution of Weapons * Ω	19	Weapons	<input type="checkbox"/> ( ) 6 Weeks Student Placed on Contract (23) From: _____ To: _____				
	<input type="checkbox"/> Intoxication*	20	Alcohol	<input type="checkbox"/> ( ) Mandatory Parent Conference (17) Date: _____ Time: _____				
	<input type="checkbox"/> Endangers: Fighting* Ω	22	Fight	<input type="checkbox"/> ( ) Referral to Counselor (13) Date: _____				
	<input type="checkbox"/> Assault/Battery* Ω	26	Fight	<input type="checkbox"/> ( ) 8 Weeks Student Placed on Contract (23) From: _____ To: _____				
	<input type="checkbox"/> Assault/Battery to Employee* Ω	27	Fight	<input type="checkbox"/> ( ) DAC Hearing (25) : Date: _____ Time: _____				
	<input type="checkbox"/> Endangers: Rioting (4 or more individuals)* Ω	29	Fight	<input type="checkbox"/> ( ) Other Codes: (use only interventions/consequences in the DDD): Specify Code _____				
	<input type="checkbox"/> Use/Poss./Distribution of Drugs* Ω	40	Drugs	<input type="checkbox"/> Referral to Other Agency (22) Specify: _____				
	<input type="checkbox"/> Use/Poss./Distribution of Inhalants	42	Drugs	<input type="checkbox"/> Service Call #: _____ Case #: _____				
	<input type="checkbox"/> Extortion	54	Harass/Bully	<input type="checkbox"/> Police Officer Name: _____				
	<input type="checkbox"/> Use/Poss./Distribution of Firearms/Explosives^Ω (BP425)	58	Combust					
	<input type="checkbox"/> Graffiti Property Damage	70	PropDam					
	<input type="checkbox"/> Sexual Harassment	80	Harass/Bully					
	<input type="checkbox"/> Sexual Assault* Ω	81	Harass/Bully					
	<input type="checkbox"/> Left Campus without Permission	95	Out of Bounds					
	<input type="checkbox"/> Intimidation Ω	06A	Harass/Bully					
	<input type="checkbox"/> Harassment Ω	06B	Harass/Bully					
<input type="checkbox"/> Sexting Ω	09A	Harass/Bully						
<input type="checkbox"/> Other:								

(^) Carrot symbol indicates offense follows a different schedule; reference SCPM for guidance for specific procedures.

(Ω) Ohm/upside-down horseshoe indicates offense warrants a report to Guam Police Department; reference SCPM for guidance for specific procedures. (\*) Asterisk indicates offense that results in an automatic 10-day suspension and a possible DAC Hearing.

Parent Shadowing may be used in lieu of suspension. If a student is assigned parent shadowing, he/she is NOT authorized on campus without the parent/guardian present at all times. If the parent/guardian is unable to shadow, the student must stay home for the duration of the consequence. Any student on parent shadow/suspension found on campus without authorization from the administration may be charged with criminal trespassing. During the time of parent shadow/suspension, a parent conference with the school administrator is required. Failure of the parent to adhere to this policy may result in a Persons in Need of Services (PINS) petition to Family Court for Educational Neglect. Board Policy 405 guides all suspensions. The consequences in each level are progressive in nature. School Administrators have the discretion to decide consequence; other incidences/consequences are allowable in respective levels.

Administrator's Signature

Date

Student's Signature

Date

Parent's Signature

Date

Revised as of 6/14/2024



Guam Department of Education  
Minor/Incident Reporting (Secondary)

School: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Room: \_\_\_\_\_

Teacher/Staff Name: \_\_\_\_\_ Subject: \_\_\_\_\_

**1<sup>st</sup> INCIDENT - Teacher/Staff/School Personnel Intervention:**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_ Function of Behavior (Refer to front for listing) \_\_\_\_\_

**Minor Incidents:**

<input type="checkbox"/> Disrespect	<input type="checkbox"/> Defiance	<input type="checkbox"/> Disruption	<input type="checkbox"/> Physical Contact/Physical Aggression
<input type="checkbox"/> Tardy	<input type="checkbox"/> Inappropriate Language	<input type="checkbox"/> Property Misuse	<input type="checkbox"/> Dress Code Violation
<input type="checkbox"/> Technology Violation			

Student warning/counseling Date: \_\_\_\_\_  
Parent called: Date: \_\_\_\_\_ Time: \_\_\_\_\_ Phone: \_\_\_\_\_ Other: \_\_\_\_\_

**Comments (Log Entry Text Field):**

Student Signature	Date	Teacher/Staff Signature	Date
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**2<sup>nd</sup> INCIDENT - Teacher/Staff/School Personnel Intervention:**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_ Function of Behavior (Refer to front for listing) \_\_\_\_\_

**Minor Incidents:**

<input type="checkbox"/> Disrespect	<input type="checkbox"/> Defiance	<input type="checkbox"/> Disruption	<input type="checkbox"/> Physical Contact/Physical Aggression
<input type="checkbox"/> Tardy	<input type="checkbox"/> Inappropriate Language	<input type="checkbox"/> Property Misuse	<input type="checkbox"/> Dress Code Violation
<input type="checkbox"/> Technology Violation			

Student warning/counseling Date: \_\_\_\_\_  
Parent called: Date: \_\_\_\_\_ Time: \_\_\_\_\_ Phone: \_\_\_\_\_ Other: \_\_\_\_\_

**Comments (Log Entry Text Field):**

Student Signature	Date	Teacher/Staff Signature	Date
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**3<sup>rd</sup> INCIDENT - Teacher/Staff/School Personnel Intervention:**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_ Function of Behavior (Refer to front for listing) \_\_\_\_\_

**Minor Incidents:**

<input type="checkbox"/> Disrespect	<input type="checkbox"/> Defiance	<input type="checkbox"/> Disruption	<input type="checkbox"/> Physical Contact/Physical Aggression
<input type="checkbox"/> Tardy	<input type="checkbox"/> Inappropriate Language	<input type="checkbox"/> Property Misuse	<input type="checkbox"/> Dress Code Violation
<input type="checkbox"/> Technology Violation			

Student warning/counseling Date: \_\_\_\_\_  
Parent called: Date: \_\_\_\_\_ Time: \_\_\_\_\_ Phone: \_\_\_\_\_ Other: \_\_\_\_\_

**Comments (Log Entry Text Field):**

Student Signature	Date	Teacher/Staff Signature	Date
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**4<sup>th</sup> INCIDENT - Teacher/Staff/School Personnel Intervention:**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_ Function of Behavior (Refer to front for listing) \_\_\_\_\_

**Minor Incidents:**

<input type="checkbox"/> Disrespect	<input type="checkbox"/> Defiance	<input type="checkbox"/> Disruption	<input type="checkbox"/> Physical Contact/Physical Aggression
<input type="checkbox"/> Tardy	<input type="checkbox"/> Inappropriate Language	<input type="checkbox"/> Property Misuse	<input type="checkbox"/> Dress Code Violation
<input type="checkbox"/> Technology Violation			

Student warning/counseling Date: \_\_\_\_\_  
Parent called: Date: \_\_\_\_\_ Time: \_\_\_\_\_ Phone: \_\_\_\_\_ Other: \_\_\_\_\_

**Comments (Log Entry Text Field):**

Student Signature	Date	Teacher/Staff Signature	Date
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**ADDITIONAL INFORMATION/COMMENTS/OBSERVATIONS** (Information In This Section is inputted in Log Entry Text Field)