

LOUISIANA DEPARTMENT OF EDUCATION SCHOOL BUS BEHAVIOR REPORT

In accordance with R.S. 17:416, the purpose of this report is to inform parents/guardians of a behavioral incident on the school bus, at a bus stop or in the bus loading zone at the school, and of subsequent disciplinary action taken by school officials. Because this or other incidents may jeopardize the safety or well-being of the named student, the school bus driver or other persons, parents are urged to discuss the incident and possible implications with the student to prevent further occurrences. Students and parents are reminded that bus riding privileges may be revoked at any time deemed necessary for the safety of school bus passengers or other citizens.

Name of Student				Phone			Grade	
Name of Bus Driver/Staff							Bus Number	
Name of Principal								
Check One: 🗖 Regular Edu	ication 🗖 504	■ Special Education	Date of Incident		Time		Location	
Time Code:	04 During School A	activity Trip, 05 To/From S	chool, 06 At Bus Stop	o or Transfer Stat	ion			
Location Code:	06 School Bus, 07	At Bus Stop or Transfer	Station, 99 Other					
		INFRACTI	ON / REASON C	ODES (Check	all that appl	v)		
Milled disable disas			•	•	• •	•	T-1	
Willful disobedienceTreats an authority v		ıts, defaces, or injur ıildings/vandalism	ublic school	20. 🔟	Takes another's property or possessions without permission			
3. D Makes an unfounded	43 🗖 😘	Writes profane and/or obscene language or draws			21. 🗖	Commits any other serious offense		
04. Uses profane and/or	ol	obscene pictures			35. 🗖	Bullying (complete Bullying Behavior Checklist)		
05. Commits immoral or		Throws missiles liable to injure others			36. 🗖	Cyber Bullying (complete Bullying Behavior Checklist)		
06. Conduct or habits in	·	CCACIATAC	Instigates or participates in fights while under			38. 🗖	Forgery	
08. U Uses or possesses to	bacco, lighter or ma	atchac	school supervision Violates traffic and safety regulations			39. 🗖	Gambling	
0. T. Hear or passesses also holis haverages				emises or classroom without permission			Unauthorized use of Technology	
10. Disturbs the school	0. Disturbs the school or habitually violates any rule 18. Leaves school premise 19. Is habitually tardy a					43. □	Improper dress	
		19. 🗖 13	nabituany taray and	yor absent		49. 🗖	False Report	
REMARKS/DESCRIPTION OF	INCIDENT:							
			(-)					
		ACTIO	ON(S) TAKEN BY	SCHOOL BU	SDRIVER			
The student named above is behavioral referral(s). I have			as indicated in this	report. This is	the student's	1 st 2 nd	d 3 rd 4 th 5 th (circle one) or other cumulative	
11 Referred to Office		120 🗖	Discussed Behavior	with Student		173 	Discussed Behavior with Parent or Guardian	
.75 D Participated in Confe	rence with School A	Administrator 999 🗖	Other:					
Date of Referral:						пι	etter	
Response of Parent/Guardian								
Date of Conference:								
ignature of Bus Driver:								
		ACTION	(S) TAKEN BY SO	CHOOL ADM	INISTRATOR			
he student named above is behavioral referral(s). I have			as indicated in this	report. This is t	he student's	L st 2 nd	3 rd 4 th 5 th (circle one) or other cumulative	
000 D No Action— only use if	no reportable actio	n was taken 160 🗖 Los	s of Privileges/Bus S	Suspension fron	n to	020 🗖	TOR (Time Out Room)	
12 Referred to Counselo	r	014 🗖 Ref	erred to School Buil	ding Level Comr	nittee (SBLC)	040 🗖	In School Detention from to	
043 🗖 After School Detentio	B □ After School Detention from to 045 □ Week				_	002 🗖	Suspension Out Of School from to	
004 🗖 Suspension In School	from to	006 □ Sus	pension Alternative	Site from	to	001 🗖	Expulsion Recommendation	
017 🗖 Enforcement Referral	(Arrest Resulted Y	N) 016 🗖 Co	urt Referral Date			013 🗖	Referral to Social Worker	
080 🗖 Assigned Remedial W	'ork	999 🗖 Oth	ner Action(s):			030 🗖	Restorative Practices Implemented	
140 🗖 Student Reprimand		120 🗖 Stu	dent Conference Da	ite:		173 🗖	Conference w/ Parents or Guardians on:	
175 🗖 Conference w/ Princip	oal on:	180 □ Co	poral Punishment (if checked, com	olete "Corporal I	Punishn	nent" Incidence Checklist)	
Circle Yes or No: Perpetrator	: Serious Bodily Inju	ry Y N Medical Treatr	nent Y N Victin	: Serious Bodily	Injury Y N N	1edical 1	Freatment Y N	
N Contact Parent/Guardia	ın Date:	Time:		Phone Call	□ Letter	□ Con	ference Date: Time:	
IS Primary Infraction/Reaso	n Code Entered:	Signature of Prin	cipal:				Date:	
COMMENTS BY STUDE	NT AND/OR PA	RENT/GUARDIAN:						
ignature of Student:							Current Date:	
check appropriate blocks as	copies of the docun	nent are supplied:	■ Parent/Guardian	■ School'	s Pupil File	□ Emp	ployee Filing this Report Principal	

*NOTE: The principal shall return a completed copy of this form to the staff member who initiated the referral within 48 hours (excluding non-work days) of the time it was submitted to the principal.