

LOUISIANA DEPARTMENT OF EDUCATION
SCHOOL BUS BEHAVIOR REPORT

THE PURPOSE OF THIS REPORT IS TO INFORM PARENTS/GUARDIANS OF A BEHAVIORAL INCIDENT ON THE SCHOOL BUS AND OF SUBSEQUENT DISCIPLINARY ACTION TAKEN BY SCHOOL OFFICIAL. BECAUSE THIS OR, OTHER INCIDENTS ON SCHOOL BUSES MAY JEOPARDIZE THE SAFETY AND WELL-BEING OF THE DRIVER AND/OR PASSENGERS ON THE BUS. PARENTS ARE URGED TO DISCUSS THE INCIDENT AND POSSIBLE IMPLICATIONS WITH THE STUDENT TO PREVENT FURTHER OCCURRENCES. STUDENTS ARE REMINDED THAT BUS RIDING PRIVILEGES MAY BE REVOKED AT ANY TIME DEEMED NECESSARY FOR THE SAFETY OF SCHOOL BUS PASSENGERS.

NAME OF BUS DRIVER _____ BUS NUMBER _____

NAME OF STUDENT _____ GRADE/SECTION _____

NAME OF PRINCIPAL _____ SCHOOL _____

DATE OF INCIDENT _____ ENROUTE TO SCHOOL _____ RETURN TRIP HOME _____ ACTIVITY TRIP _____

NATURE OF INCIDENT (CHECK APPROPRIATE SPACE(S) AND LIST SPECIFIC INCIDENTS UNDER "REMARKS")

- | | |
|--|---|
| <input type="checkbox"/> FIGHTING, PUSHING OR TRIPPING AT BUS STOP OR ON BUS | <input type="checkbox"/> THROWING OBJECTS ON OR FROM BUS |
| <input type="checkbox"/> BRINGING INAPPROPRIATE OR INJURIOUS ARTICLES ON BOARD | <input type="checkbox"/> REFUSING TO SIT IN ASSIGNED SEAT |
| <input type="checkbox"/> SMOKING OR OTHER USE OF TOBACCO | <input type="checkbox"/> USING PROFANE LANGUAGE |
| <input type="checkbox"/> LEAVING BUS WITHOUT PERMISSION | <input type="checkbox"/> WILLFUL DISOBEDIENCE |
| <input type="checkbox"/> BOARDING BUS AT INCORRECT STOP | <input type="checkbox"/> DEFACING SCHOOL BUS OR DESTROYING PROPERLY |
| <input type="checkbox"/> COMMITTING AN IMMORAL OR VICIOUS ACT | <input type="checkbox"/> EATING, DRINKING, LITTERING |
| <input type="checkbox"/> OTHER | <input type="checkbox"/> POSSESSING WEAPONS |

REMARKS _____

THE STUDENT NAMED ABOVE IS HEREBY REPORTED FOR INAPPROPRIATE BEHAVIOR AS INDICATED IN THIS REPORT. THIS IS THE STUDENT'S 1ST 2ND 3RD 4TH 5TH 6TH (CIRCLE ONE) BEHAVIOR REFERRAL. AS THE SCHOOL BUS DRIVER, I HAVE TAKEN THE FOLLOWING ACTION:

- DISCUSSED BEHAVIOR WITH STUDENT _____ CONTACTED THE STUDENTS PARENT/GUARDIAN ON _____ (DATE)
- _____ (CURRENT DATE) _____ (SIGNATURE OF DRIVER)

ACTION TAKEN BY SCHOOL ADMINISTRATION

- | | |
|---|---|
| <input type="checkbox"/> HELD CONFERENCE WITH STUDENT ON _____ (DATE) | <input type="checkbox"/> STUDENT REPRIMANDED |
| <input type="checkbox"/> CONTACTED PARENT/GUARDIAN ON _____ (DATE) | <input type="checkbox"/> HELD CONFERENCE WITH PARENT/GUARDIAN ON _____ (DATE) |
| <input type="checkbox"/> STUDENT SUSPENDED FROM BUS _____ TO _____ | <input type="checkbox"/> STUDENT SUSPENDED FROM SCHOOL _____ TO _____ |
| <input type="checkbox"/> OTHER (DESCRIBE): _____ | |

_____ (CURRENT DATE) _____ (SIGNATURE OF PRINCIPAL)

COMMENTS BY STUDENT, PARENT/GUARDIAN

_____ (CURRENT DATE) _____ (SIGNATURE OF STUDENT, PARENT/GUARDIAN)

NOTE: THE PRINCIPAL SHALL RETURN A COMPLETED COPY OF THIS FORM TO THE BUS DRIVER WHO INITIATE THE REFERRAL WITHIN OR HOURS (EXCLUDING NON-WORK DAYS) OF THE TIME IT WAS SUBMITTED TO THE PRINCIPAL

COPIES TO: STUDENTS FILE, PARENT/GUARDIAN, BUS DRIVER, PRINCIPAL, TRANSPORTATION SUPERVISOR