



STUDENT INFORMATION

Student Number: _____ I would like to be consulted by Admin. before consequence given: Yes No
Student Name: _____ Gender: _____ Race: _____ Grade: _____ ESE 504
Parent/Guardian: _____ Phone: _____
Referred By: _____ Location: _____ Time: _____
Intervention(s): _____
Description: _____

OFFENSES

1A Cheating 1G False/Misleading Information 1M Unauthorized Absence from School/Class
1D Disrespect 1J Profane, Obscene, Abusive Language/Materials 1N Other Misconduct
1E Dress Code 1KK Electronic Device Violation 1R Horseplay
1F Failure to Report to Detention 1L Tardiness
2A Destruction of Property/Vandalism (Under \$100) 2F Insubordination/Open Defiance 2Q Electronic Device Violation
2B Disrespect 2G Threat/Intimidation (TRE) 2S Horseplay
2C Physical Altercation 2J Stealing (Under \$375) 2T Dress Code
2D Forgery (Non-Criminal) 2K Unauthorized Assembly/Publication
2E Gambling 2M Other Serious Misconduct
2N Gang Related
3A Simple Battery (PHA) 3J Possession of Contraband Material 3T Threat/Intimidation (TRE)
3C Destruction of Property/Vandalism (\$100-999) 3L Tobacco (TBC) + 3U Gang Related
3D Disrespect 3M Stealing (\$375-\$749) 3V Harassment (HAR)
3E Extortion/Blackmail 3N Unauthorized Entrance to OCPS Property 3Y Electronic Device Violation
3F Fighting (FIT) 3O Violation of Curfew 3AA Horseplay
3G Fireworks/Firecrackers 3Q Other Serious Misconduct 3CC Disruptive Conduct
3H Gross Insubordination/Open Defiance 3I Illegal Organization
4A Alcohol (ALC) + 4L Repeated Misconduct 4V Bullying (BUL)
4B Arson (ARS) 4M Robbery (ROB) 4X Hazing (HAZ)
4C Threat/Intimidation (TRE) 4N Sexual Battery (SXB) 4Y Simple Battery (PHA)
4D Aggravated Battery (BAT) 4O Sexual Harassment (SXH) 4Z Sexual Assault (SXA)
4E Threats to a School (DOC) 4P Sexual Offenses (SXO) 4AA Electronic Device Violation
4F Drug Use/Possession (DRU) 4Q Violation of Early Re-entry Plan 4CC Burglary (BRK)
Marijuana/Hashish (M) 4R Criminal Mischief (\$1000 or Over) (VAN) 4DD Homicide (HOM)
Opioids (Heroin/Fentanyl/Oxycodone/etc.) (P) 4T Other Major (OMC) 4EE Kidnapping (KID)
Other Controlled Substance (O) 4U Drugs/Dist/Sell/Buy (DRD) 4FF Tobacco/Vaping/Nicotine/Sell/Buy/Dist (TBC)
Not a controlled substance (N) 4V Marijuana/Hashish (M) 4GG Igniting
4H Weapons Possession (WPO) 4W Opioids (Heroin/Fentanyl/Oxycodone/etc.) (P) 4JJ Trespassing (TRS)
Weapon Discharged Yes No 4X Other Controlled Substance (O)
4I Disruption on Campus-Major (DOC) 4Y Not a controlled substance (N)
4J Grand Theft (\$750 or Over) (STL)
4K Other Dangerous Objects +

SCHOOL ACTION(S) TAKEN

A Parent Contact DATE: TIME:
B Counseling and Direction
C Verbal Reprimand
D Special Work Assignment
E Withdrawal of Privileges
F Return of Property
G Detention (S) GG Detention
I Behavior Contract/Plan
J Seclusion (L)
K Alternative Class (S)
L Referral to Intervention Program (S)
LL Referral to Intervention Program
M Confiscation Unauthorized Material
O Assigned Seat
P PASS (I)
Q Suspension from Bus (S)
QQ Suspension from Bus
R Suspension from School (O)
S Level 4 Suspension/Recommendation for Expulsion (O)
V Mechanical Restraint (M)
W Physical Restraint (R)
Y Removal from Extracurricular
AA Safe Plan
BB No Contact Contract DATE ISSUED:
CC Restorative Practice
CCC Restorative Practice (S)
DDD Threat Assessment

For Codes G, GG, J, K, KK, L, LL, P, Q, QQ, R, S: OSS START DATE: RETURN DATE: PASS START DATE: RETURN DATE:
TOTAL DAYS: _____

SESIR/DISTRICT INFORMATION

(---) SESIR Code Based On Injury Related More Serious Injury Report to SRO/LEO
SESIR offenses MUST have at least 1 SESIR action: (S) (L) (O) (I)
SESIR actions with element (S) must have a matching SESIR offense
'Related To' - Select all options that apply to incident
SESIR LEVEL I-IV Level I BAT, ARS, HOM, KID, SXB Level II BRK, DRD, PHA, ROB, SXA, WPO Level III DOC, DRU, FIT, HAZ, STL, SXH, SXO, TRE, TRS, VAN, OMC Level IV ALC, BUL, HAR, TBC
Offense Context (1) During School Hours (2) Outside School Hours/School Sponsored Activity (3) Outside School Hours/Non- School Sponsored Activity
Offense Setting (Z) Not Applicable (Not a TRE BUL HAR UBL UHR) (P) In Person - Face to Face (R) Remotely - electronically or other means
Persons Involved Single Student Multiple Student Student/Non-Student(s) Non-Student Unknown Perp Out of District Student/Out of District
Related To Not Applicable Alcohol Bullying Drugs Gang Hazing Hate Crime Vaping (nicotine, THC, pods, cartridges, pens) Weapons
Based On Not Applicable Disability Race Sex (SXH) Sexual Orientation Religion
+ Report to SRO/LEO No, Not Reported to LEO (N) Yes, Reported to LEO (action taken) (Use the matching SESIR Codes in Skyward (N) (M) (L) (D) (A) (I))
DATE: TIME: SRO NAME: Case#:
Consulted (L) (no action taken by LEO) Informal Report taken by LEO (Report not filed) (M)
File at Large (A) Affidavit Filed (D) Civil Citation (D) Arrest (A) Involuntary Examination (I)
Injury Related Not Applicable (Z) Less Serious (B) More Serious (A)*
Weapon Related (WPO) (Z) Not Applicable (1) Single NON-Firearm (2) 2+ NON-Firearms (3) Single Firearm (4) 2+ Firearms
Weapon Description (WPO) Firearm, Other (F) Handgun (H) Knife (K) Multiple Firearms (M) Other Weapon (O) Rifle/Shotgun (R) Unknown Weapon (U)

Administrator Signature: _____ Date Processed: _____
Student Signature: _____ I understand I have a right to make a statement about the offense(s) and that
Parent Signature: _____ I have the right to present witnesses.
Administrator Comments: _____ I choose not to make a statement.
I understand that during the time of suspension, I am not to be on any OCPS property nor at any school-sponsored activity.