

Discipline Procedures
Gridley Middle School
2008-2009

Level 1 Discipline Infractions

Level 1 infractions consist of minor infractions of the discipline policy and will be handled by the classroom teacher or staff member who observes the infractions. Teachers and staff members will include team referrals, student conferences, parent conferences, phone calls, or notes home as part of the intervention process.

Continued Level 1 infractions will lead to a Level 2 infraction.

- **Teacher/Team determined consequences will be determined at the beginning of the year.**
- **Students will be advised of the consequences at the beginning of the year and management plans will be posted in the classrooms for student and teacher reference.**
- **Saturday school is the equivalent to 3 days of After School Detention.**

Level 2 Discipline Infractions

Level 2 infractions consist of more serious infractions that may occur in the classroom or elsewhere on campus. These infractions will result in an immediate office referral and will be handled by the administration.

Consequences range from detention to 1 Day of Out of School Suspension (OSS).

Level 3 Discipline Infractions

Level 3 infractions consist of very serious infractions that may occur in the classroom or elsewhere on campus. In general, these infractions are signified by the potential for serious physical or other threat to other students. These infractions will result in an immediate referral to the office and will be handled by administration.

Consequences range from In-School Suspension (GAIN) to Out of School Suspension (OSS) leading to the possibility of Long Term Suspension (LTS).

Level 4 Discipline Infractions

Level 4 infractions consist of very serious infractions that result in the immediate nine-day Out of School Suspension and long-term suspension or expulsion paperwork shall be filed.

Name: _____

Level 1 TEAM Level Infractions

Infraction	Disciplinary Actions	Infraction	Disciplinary Actions
Class Disruption	<input type="checkbox"/> Verbal Warning <input type="checkbox"/> Team Referral <input type="checkbox"/> Team Referral <input type="checkbox"/> Team Referral / Student Conference <input type="checkbox"/> Team Referral / Parent Contact (ASD is next) <input type="checkbox"/> Team Referral / Parent Contact / Detention (ASD) <input type="checkbox"/> ASD (3 days) (Notify parent of transition to Level 2 on next offense) <input type="checkbox"/> See Level 2, Stage 1	Verbal Abuse or Profanity	<input type="checkbox"/> Verbal Warning <input type="checkbox"/> Team Referral <input type="checkbox"/> Team Referral <input type="checkbox"/> Team Referral / Parent Contact (ASD is next) <input type="checkbox"/> Team Referral / Parent Contact / Detention (ASD) <input type="checkbox"/> ASD (3 days) (Notify parent of transition to Level 2 on next offense) <input type="checkbox"/> See Level 2, Stage 1
Dress Code Violation (Change clothes each time)	<input type="checkbox"/> Verbal Warning <input type="checkbox"/> Team Referral <input type="checkbox"/> Team Referral <input type="checkbox"/> Team Referral / Parent Contact (ASD is next) <input type="checkbox"/> Team Referral / Parent Contact / Detention (ASD) <input type="checkbox"/> ASD (3 days) (Notify parent of transition to Level 2 on next offense) <input type="checkbox"/> See Level 2, Stage 1	Public Display of Affection	<input type="checkbox"/> Verbal Warning <input type="checkbox"/> Team Referral <input type="checkbox"/> Team Referral <input type="checkbox"/> Team Referral / Parent Contact (ASD is next) <input type="checkbox"/> Team Referral / Parent Contact / Detention (ASD) <input type="checkbox"/> ASD (3 days) (Notify parent of transition to Level 2 on next offense) <input type="checkbox"/> See Level 2, Stage 1
Gum	<input type="checkbox"/> Verbal Warning <input type="checkbox"/> Team Referral <input type="checkbox"/> Team Referral <input type="checkbox"/> Team Referral / Parent Contact (ASD is next) <input type="checkbox"/> Team Referral / Parent Contact / Detention (ASD) <input type="checkbox"/> ASD (3 days) (Notify parent of transition to Level 2 on next offense) <input type="checkbox"/> See Level 2, Stage 1	Tardy	<input type="checkbox"/> Verbal Warning <input type="checkbox"/> Team Referral <input type="checkbox"/> Team Referral <input type="checkbox"/> Team Referral / Parent Contact (ASD is next) <input type="checkbox"/> Team Referral / Parent Contact / Detention (ASD) <input type="checkbox"/> ASD (3 days) (Notify parent of transition to Level 2 on next offense) <input type="checkbox"/> See Level 2, Stage 1
Horseplay/ Roughhousing	<input type="checkbox"/> Verbal Warning <input type="checkbox"/> Team Referral <input type="checkbox"/> Team Referral <input type="checkbox"/> Team Referral / Parent Contact (ASD is next) <input type="checkbox"/> Team Referral / Parent Contact / Detention (ASD) <input type="checkbox"/> ASD (3 days) (Notify parent of transition to Level 2 on next offense) <input type="checkbox"/> See Level 2, Stage 1	Use of Electronic Devices in Class	<input type="checkbox"/> Verbal Warning <input type="checkbox"/> Team Referral <input type="checkbox"/> Team Referral -Device confiscated (returned end of day) <input type="checkbox"/> Team Referral – Device confiscated (returned to parent/parent notified ASD is next) <input type="checkbox"/> Team Referral / Parent Contact / Detention (ASD) <input type="checkbox"/> ASD (3 days) (Notify parent of transition to Level 2 on next offense) <input type="checkbox"/> See Level 2, Stage 1
No Materials Brought to Class	<input type="checkbox"/> Verbal Warning <input type="checkbox"/> Team Referral <input type="checkbox"/> Team Referral <input type="checkbox"/> Team Referral / Parent Contact (ASD is next) <input type="checkbox"/> Team Referral / Parent Contact / Detention (ASD) <input type="checkbox"/> ASD (3 days) (Notify parent of transition to Level 2 on next offense) <input type="checkbox"/> See Level 2, Stage 1		

Name: _____

Level 2 Office Level Infractions

Infraction	Disciplinary Actions
Continued Level 1 Infractions (Defiance)	<input type="checkbox"/> Automatic Office Referral / ASD (3 days) <input type="checkbox"/> In School Suspension (GAIN) <input type="checkbox"/> 3 Days GAIN <input type="checkbox"/> 5 Days GAIN <input type="checkbox"/> 3 Days Out of School Suspension (OSD) <input type="checkbox"/> 5 Days OSS <input type="checkbox"/> 9 Days OSS
Absent without Authorization	<input type="checkbox"/> Automatic Office Referral / Parent Contact <input type="checkbox"/> Automatic Office Referral / Parent Contact <input type="checkbox"/> Automatic Office Referral / ASD (3 days) <input type="checkbox"/> 1 Day of GAIN <input type="checkbox"/> 3 Days GAIN <input type="checkbox"/> Refer to Truancy Officer <input type="checkbox"/> 3 Days of GAIN <input type="checkbox"/> 5 Days of GAIN <input type="checkbox"/> 9 Days of GAIN
Bullying/ Threatening/ Intimidating Behavior	<input type="checkbox"/> Automatic Office Referral / Parent Contact <input type="checkbox"/> Automatic Office Referral / Counselor Mediation <input type="checkbox"/> 3 Days GAIN <input type="checkbox"/> 5 Days GAIN <input type="checkbox"/> 3 Days of OSS <input type="checkbox"/> 5 Days of OSS <input type="checkbox"/> 9 Days of OSS <input type="checkbox"/> Long Term Suspension
Cheating or Plagiarism	<input type="checkbox"/> Automatic Office Referral / Redo Assignment <input type="checkbox"/> Automatic Office Referral / Loss of Credit / Parent Contact <input type="checkbox"/> 3 Days GAIN / Loss of Credit <input type="checkbox"/> 5 Days GAIN / Loss of Credit
Defamation	<input type="checkbox"/> Team Referral <input type="checkbox"/> Automatic Office Referral / Contact Parent <input type="checkbox"/> 3 Days ASD <input type="checkbox"/> 1 Day GAIN <input type="checkbox"/> 3 Days GAIN <input type="checkbox"/> 5 Days GAIN <input type="checkbox"/> 1 Day OSS <input type="checkbox"/> 3 Days OSS <input type="checkbox"/> 5 Day OSS <input type="checkbox"/> 9 Days OSS <input type="checkbox"/> Long Term Suspension
Disorderly Conduct	<input type="checkbox"/> Team Referral <input type="checkbox"/> Automatic Office Referral / Contact Parent <input type="checkbox"/> 3 Days ASD <input type="checkbox"/> 1 Day GAIN <input type="checkbox"/> 3 Days GAIN <input type="checkbox"/> 5 Days GAIN <input type="checkbox"/> 1 Day OSS <input type="checkbox"/> 3 Days OSS <input type="checkbox"/> 5 Day OSS <input type="checkbox"/> 9 Days OSS <input type="checkbox"/> Long Term Suspension
Disrespect/ Defiance/ Insubordination to an Adult	<input type="checkbox"/> Automatic Office Referral <input type="checkbox"/> Automatic Office Referral / 3 Days ASD <input type="checkbox"/> 3 Days GAIN <input type="checkbox"/> 5 Days GAIN <input type="checkbox"/> 1 Day OSS <input type="checkbox"/> 3 Days OSS <input type="checkbox"/> 5 Day OSS <input type="checkbox"/> 9 Days OSS <input type="checkbox"/> Long Term Suspension
Drugs (Over the counter)	<input type="checkbox"/> Automatic Office Referral <input type="checkbox"/> 1 Days GAIN <input type="checkbox"/> 3 Days GAIN

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	<input type="checkbox"/> 5 Days GAIN <input type="checkbox"/> 1 Day OSS <input type="checkbox"/> 3 Days OSS <input type="checkbox"/> 5 Day OSS <input type="checkbox"/> 9 Days OSS <input type="checkbox"/> Long Term Suspension
Endangerment	<input type="checkbox"/> Automatic Office Referral <input type="checkbox"/> Automatic Office Referral / 3 Days ASD <input type="checkbox"/> 3 Days GAIN <input type="checkbox"/> 5 Days GAIN <input type="checkbox"/> 1 Day OSS <input type="checkbox"/> 3 Days OSS <input type="checkbox"/> 5 Day OSS <input type="checkbox"/> 9 Days OSS <input type="checkbox"/> Long Term Suspension
Failure to Serve Detention or ISS	<input type="checkbox"/> Automatic Office Referral / Detention of GAIN doubled <input type="checkbox"/> Detention Becomes GAIN <input type="checkbox"/> GAIN Becomes OSS (1-3 Days) <input type="checkbox"/> 5 Days OSS
Forgery/ Falsification	<input type="checkbox"/> Automatic Office Referral / Parent Contacted <input type="checkbox"/> 1 Day GAIN <input type="checkbox"/> 3 Days GAIN <input type="checkbox"/> 5 Days GAIN <input type="checkbox"/> 1 Day OSS <input type="checkbox"/> 3 Days OSS <input type="checkbox"/> 5 Day OSS
Gambling	<input type="checkbox"/> Team Referral <input type="checkbox"/> Automatic Office Referral / Contact Parent <input type="checkbox"/> 3 Days ASD <input type="checkbox"/> 1 Day GAIN <input type="checkbox"/> 3 Days GAIN <input type="checkbox"/> 5 Days GAIN <input type="checkbox"/> 1 Day OSS <input type="checkbox"/> 3 Days OSS <input type="checkbox"/> 5 Day OSS <input type="checkbox"/> 9 Days OSS <input type="checkbox"/> Long Term Suspension
Harassment/ Hazing	<input type="checkbox"/> Automatic Office Referral <input type="checkbox"/> Automatic Office Referral / 3 Days ASD <input type="checkbox"/> 3 Days GAIN <input type="checkbox"/> 5 Days GAIN <input type="checkbox"/> 1 Day OSS <input type="checkbox"/> 3 Days OSS <input type="checkbox"/> 5 Day OSS <input type="checkbox"/> 9 Days OSS <input type="checkbox"/> Long Term Suspension
Hate Speech/ Gang Activity	<input type="checkbox"/> Automatic Office Referral <input type="checkbox"/> Automatic Office Referral / 3 Days ASD <input type="checkbox"/> 3 Days GAIN <input type="checkbox"/> 5 Days GAIN <input type="checkbox"/> 1 Day OSS <input type="checkbox"/> 3 Days OSS <input type="checkbox"/> 5 Day OSS <input type="checkbox"/> 9 Days OSS <input type="checkbox"/> Long Term Suspension
Leaving Campus without Authorization	<input type="checkbox"/> Automatic Office Referral <input type="checkbox"/> Automatic Office Referral / Parent Contact <input type="checkbox"/> Automatic Office Referral / ASD (3 days) <input type="checkbox"/> 1 Day of GAIN <input type="checkbox"/> 3 Days GAIN <input type="checkbox"/> Refer to Truancy Officer <input type="checkbox"/> 3 Days of OSS <input type="checkbox"/> 5 Days of OSS <input type="checkbox"/> 9 Days of OSS
Lying/ False Accusation	<input type="checkbox"/> Refer to Counselor <input type="checkbox"/> Team Referral

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	<input type="checkbox"/> Office Referral / Parent Contact <input type="checkbox"/> 3 Days ASD <input type="checkbox"/> 1 Day of GAIN <input type="checkbox"/> 3 Days GAIN <input type="checkbox"/> 5 Days GAIN <input type="checkbox"/> 1 Day OSS <input type="checkbox"/> 3 Days of OSS <input type="checkbox"/> 5 Days of OSS
Misbehavior During GAIN or Detention	<input type="checkbox"/> Automatic Office Referral / Time Doubled <input type="checkbox"/> If ASD – 1 Days GAIN <input type="checkbox"/> If ASD – 3 Days GAIN <input type="checkbox"/> If GAIN – 1 Day OSS <input type="checkbox"/> If GAIN – 3 Days OSS <input type="checkbox"/> 3 Days OSS <input type="checkbox"/> 5 Days OSS <input type="checkbox"/> 9 Days OSS
Misbehavior with Substitute	<input type="checkbox"/> Automatic Office Referral <input type="checkbox"/> 3 Days ASD <input type="checkbox"/> Automatic Office Referral / 1 Day GAIN <input type="checkbox"/> 3 Days GAIN <input type="checkbox"/> 5 Days GAIN
Physical Aggression	<input type="checkbox"/> Automatic Office Referral <input type="checkbox"/> 1 Day GAIN <input type="checkbox"/> 3 Days GAIN <input type="checkbox"/> 5 Days GAIN <input type="checkbox"/> 1 Day OSS <input type="checkbox"/> 3 Days OSS <input type="checkbox"/> 5 Day OSS
Pornography	<input type="checkbox"/> Automatic Office Referral / Parent Contacted <input type="checkbox"/> 1 Day GAIN / Conference <input type="checkbox"/> 3 Days GAIN <input type="checkbox"/> 5 Days GAIN <input type="checkbox"/> 1 Day OSS <input type="checkbox"/> 3 Days OSS <input type="checkbox"/> 5 Day OSS
Sexual Harassment	<input type="checkbox"/> Automatic Office Referral / Parent Contacted <input type="checkbox"/> 1 Day GAIN / Conference <input type="checkbox"/> 3 Days GAIN <input type="checkbox"/> 5 Days GAIN <input type="checkbox"/> 1 Day OSS <input type="checkbox"/> 3 Days OSS <input type="checkbox"/> 5 Day OSS
Theft	<input type="checkbox"/> Automatic Office Referral <input type="checkbox"/> 1 Day GAIN / Restitution <input type="checkbox"/> 5 Days GAIN / Restitution <input type="checkbox"/> 5 Day OSS / Restitution <input type="checkbox"/> 9 Days OSS / Restitution
Tobacco	<input type="checkbox"/> Automatic Office Referral / Parent Contacted <input type="checkbox"/> 1 Day GAIN / Conference <input type="checkbox"/> 3 Days GAIN <input type="checkbox"/> 5 Days GAIN <input type="checkbox"/> 1 Day OSS <input type="checkbox"/> 3 Days OSS <input type="checkbox"/> 5 Day OSS
Truancy	<input type="checkbox"/> Automatic Office Referral <input type="checkbox"/> Automatic Office Referral / Parent Contact <input type="checkbox"/> Automatic Office Referral / ASD (3 days) <input type="checkbox"/> 1 Day of GAIN <input type="checkbox"/> 3 Days GAIN <input type="checkbox"/> Refer to Truancy Officer <input type="checkbox"/> 3 Days of GAIN <input type="checkbox"/> 5 Days of GAIN <input type="checkbox"/> 9 Days of GAIN

Name: _____

Level 3 Office Level Infractions

Infraction	Disciplinary Actions
Assault	<input type="checkbox"/> 5 Days of GAIN <input type="checkbox"/> 3 Days OSS <input type="checkbox"/> 9 Days OSS <input type="checkbox"/> Long Term Suspension
Dangerous Instruments or Devices	<input type="checkbox"/> 3 Days OSS <input type="checkbox"/> 9 Days OSS <input type="checkbox"/> Long Term Suspension
Extortion	<input type="checkbox"/> 3 Days OSS <input type="checkbox"/> 9 Days OSS <input type="checkbox"/> Long Term Suspension
Fighting	<input type="checkbox"/> 5 Days of GAIN <input type="checkbox"/> 3 Days OSS <input type="checkbox"/> 9 Days OSS <input type="checkbox"/> Long Term Suspension
Fire Alarm Violation	<input type="checkbox"/> 3 Days OSS <input type="checkbox"/> 9 Days OSS <input type="checkbox"/> Long Term Suspension
Robbery	<input type="checkbox"/> 3 Days OSS <input type="checkbox"/> 9 Days OSS <input type="checkbox"/> Long Term Suspension
Sexual Misconduct	<input type="checkbox"/> 3 Days OSS <input type="checkbox"/> 9 Days OSS <input type="checkbox"/> Long Term Suspension
Vandalism	<input type="checkbox"/> 5 Days of GAIN <input type="checkbox"/> 3 Days OSS <input type="checkbox"/> 9 Days OSS <input type="checkbox"/> Long Term Suspension
Verbal Abuse/ Profanity to an Adult	<input type="checkbox"/> 5 Days of GAIN <input type="checkbox"/> 3 Days OSS <input type="checkbox"/> 9 Days OSS <input type="checkbox"/> Long Term Suspension

Name: _____

Level 4 Office Level Infractions

Infraction	Disciplinary Actions
Alcohol	<input type="checkbox"/> 5 Days OSS <input type="checkbox"/> 9 Days OSS <input type="checkbox"/> Long Term Suspension
Arson	<input type="checkbox"/> 5 Days OSS <input type="checkbox"/> 9 Days OSS <input type="checkbox"/> Long Term Suspension
Aggravated Assault	<input type="checkbox"/> 5 Days OSS <input type="checkbox"/> 9 Days OSS <input type="checkbox"/> Long Term Suspension
Bomb Threat	<input type="checkbox"/> 5 Days OSS <input type="checkbox"/> 9 Days OSS <input type="checkbox"/> Long Term Suspension
Death Threat	<input type="checkbox"/> 5 Days OSS <input type="checkbox"/> 9 Days OSS <input type="checkbox"/> Long Term Suspension
Drugs (use, possession, under the influence)	<input type="checkbox"/> 5 Days OSS <input type="checkbox"/> 9 Days OSS <input type="checkbox"/> Long Term Suspension
Drug Paraphernalia	<input type="checkbox"/> 5 Days OSS <input type="checkbox"/> 9 Days OSS <input type="checkbox"/> Long Term Suspension
Sale or Distribution of Alcohol, Dangerous Instruments, or Drugs	<input type="checkbox"/> 5 Days OSS <input type="checkbox"/> 9 Days OSS <input type="checkbox"/> Long Term Suspension
Weapons	<input type="checkbox"/> 5 Days OSS <input type="checkbox"/> 9 Days OSS <input type="checkbox"/> Long Term Suspension