

TRANSPORTATION

Bus Driver's Report of Student Conduct

For behavior that requires a student to be removed from the bus, also complete Form 09.425 AP.21.

| | | | |
|--|-----------------------|--------------------|-------------------------|
| BUS CONDUCT REPORT Todd County School District _____ _____ | STUDENT'S NAME | CLASS/GRADE | DATE OF INCIDENT |
| | BUS NO. | TRIP NO. | DRIVER'S NAME |

NOTICE TO PARENTS

1. The purpose of this report is to inform you of a disciplinary incident involving the student on the school bus.

2. You are urged to both appreciate the action taken by the driver and to cooperate with the corrective action initiated today.

DRIVER'S REPORT

| | | |
|---|---|---|
| <input type="checkbox"/> VIOLATION OF SAFETY PROCEDURES | <input type="checkbox"/> EXCESSIVE MISCHIEF | <input type="checkbox"/> EATING/DRINKING/LITTERING |
| <input type="checkbox"/> DESTRUCTION OF PROPERTY | <input type="checkbox"/> WRITING | <input type="checkbox"/> RUDE/DISCOURTEOUS/ANNOYING |
| <input type="checkbox"/> FIGHTING/PUSHING/TRIPPING | <input type="checkbox"/> TOBACCO/ALTERNATIVE NICOTINE/VAPOR PRODUCT | <input type="checkbox"/> UNACCEPTABLE LANGUAGE |
| <input type="checkbox"/> _____ _____ _____ | | |

| | | |
|---|--|--|
| PRELIMINARY ACTION: | PRESENT ACTION AND RECOMMENDATION(S): | |
| <input type="checkbox"/> CHECKED STUDENT'S FOLDER | <input type="checkbox"/> STUDENT REGRETS INCIDENT, COOPERATIVE | <input type="checkbox"/> STUDENT PLACED ON PROBATION |
| <input type="checkbox"/> HELD CONFERENCE WITH STUDENT | <input type="checkbox"/> RECURRING INCIDENTS WILL BE REPORTED | <input type="checkbox"/> STUDENT SUSPENDED |
| <input type="checkbox"/> CONSULTED COUNSELOR | <input type="checkbox"/> STUDENT DENIED BUS RIDING PRIVILEGE | <input type="checkbox"/> CASE REFERRED TO _____ |
| <input type="checkbox"/> SENT PREVIOUS REPORT HOME | <input type="checkbox"/> UNTIL _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> TELEPHONED PARENT | _____ _____ _____ | |
| <input type="checkbox"/> _____ | | |

Parent's Signature

Administrator's Signature

Parent's Copy White

Office Copy Yellow

Bus Driver's Copy Pink

Bus Driver's Report of Student Conduct

For behavior that requires a student to be removed from the bus, also complete Form 09.425 AP.21.

| | | | | |
|---|--|-----------------------|----------------------|-------------------------|
| BUS CONDUCT REPORT <u>Todd County School District</u> | | STUDENT'S NAME | CLASS/GRADE | DATE OF INCIDENT |
| BUS NO. | | TRIP NO. | DRIVER'S NAME | |

NOTICE TO PARENTS

1. The purpose of this report is to inform you of a disciplinary incident involving the student on the school bus.
 2. You are urged to both appreciate the action taken by the driver and to cooperate with the corrective action initiated today.

DRIVER'S REPORT

| | | |
|---|---|---|
| <input type="checkbox"/> DISTRACTED DRIVER | <input type="checkbox"/> EXCESSIVE MISCHIEF | <input type="checkbox"/> EATING/DRINKING/LITTERING |
| <input type="checkbox"/> VIOLATION OF SAFETY PROCEDURES | <input type="checkbox"/> WRITING | <input type="checkbox"/> RUDE/DISCOURTEOUS/ANNOYING |
| <input type="checkbox"/> DESTRUCTION OF PROPERTY | <input type="checkbox"/> TOBACCO/ALTERNATIVE NICOTINE/VAPOR PRODUCT | <input type="checkbox"/> UNACCEPTABLE LANGUAGE |
| <input type="checkbox"/> FIGHTING/PUSHING/TRIPPING | | <input type="checkbox"/> OTHER |

Description of Incident _____

| | |
|---|--|
| PRELIMINARY ACTION: | PRESENT ACTION AND RECOMMENDATION(S): |
| <input type="checkbox"/> HELD CONFERENCE WITH STUDENT | <input type="checkbox"/> STUDENT REGRETS INCIDENT, COOPERATIVE |
| <input type="checkbox"/> CHANGED STUDENT'S SEAT | <input type="checkbox"/> STUDENT PLACED ON PROBATION |
| <input type="checkbox"/> CONSULTED ADMINISTRATOR | <input type="checkbox"/> RECURRING INCIDENTS WILL BE REPORTED |
| <input type="checkbox"/> SENT PREVIOUS REPORT HOME | <input type="checkbox"/> STUDENT DENIED BUS RIDING PRIVILEGE |
| <input type="checkbox"/> CONTACTED PARENT | <input type="checkbox"/> CASE REFERRED TO |
| <input type="checkbox"/> Other | UNTIL _____ |
| | _____ |
| | _____ |

Parent's Signature

Administrator's Signature

Date

Parent's Copy - White

Office Copy - Yellow

Bus Driver's Copy - Pink