

**Bertha-Hewitt Independent School District 786**

310 Central Avenue S

PO Box 8

Bertha, MN 56437

218-924-2500 Fax 218-924-3252

*"All Learners Will Succeed"*  
**Disciplinary Referral**

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

Gender \_\_\_\_\_ Date of Incident \_\_\_\_\_ Time \_\_\_\_\_

Person Reporting Student \_\_\_\_\_

Nature of Problem \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Action Taken By Teacher/Responsible Authority \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Teacher/Responsible Authority Signature \_\_\_\_\_

Student's statement \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student's Signature \_\_\_\_\_

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Action taken by administrator

\_\_\_\_\_ Conference with student

\_\_\_\_\_ Conference with teacher

\_\_\_\_\_ Conference with parent

\_\_\_\_\_ MSHSL Violation # \_\_\_\_\_

\_\_\_\_\_ Referred to counselor

\_\_\_\_\_ Detention \_\_\_\_\_ days

\_\_\_\_\_ Note/phone call to parents

\_\_\_\_\_ Suspension

Other action taken \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Administrator's signature \_\_\_\_\_