



DISRUPTIVE STUDENT BEHAVIOR FORM

Disruptive Student Information:

Student Last Name: _____ Student First Name: _____

Student I.D. Number: _____

Course Title & Section # (if applicable): _____

Disruptive Behavior Information:

1. Describe the disruptive behavior of the student. If more space is needed, include as attachment.

2. **When** and **where** did the behavior occur?

Date: _____ **Time:** _____ **AM/PM**

Location: _____

3. If the behavior occurred in the classroom:

a. Was the student dismissed from the classroom for one or two sessions, as stated by Education Code 76032 and AP 5520? If yes, send copy to Dean of Instruction and Dean of Student Services. Keep on file for further use and give student a copy.

___Yes (___ 1 class session ___ 2 class sessions) ___No

b. Was the student required to meet with the Dean or designee, to develop a plan to remedy the behavior issue before returning to class? (See Student Handbook-Code of Conduct and Disciplinary Procedures) ___Yes ___No

4. Does this disruptive behavior raise safety concerns?

___Yes (attach statement to this form) ___No

5. Was the District Police Office called to handle this incident? ___Yes ___No

Did the Officer provide you with an incident #? ___Yes (Incident # _____) ___No

Did the Officer provide you with a report number? ___Yes (Report # _____) ___No

MVC Personnel Information:

Name of MVC Personnel filing the report: _____

Signature: _____

Date: _____

Best way to contact you (circle one): Email Phone

Email Address: _____

Phone Number: _____