

## **DISCIPLINE QUESTIONNAIRE**

Date of Consultation:

## INFORMATION REGARDING CHILD'S GUARDIAN(s)

PARENT 1	
Full Legal Name:	
Cell #:	
Work #:	
Email Address:	
PARENT 2	
Full Legal Name:	
Cell #:	
Work #:	
Email Address:	
CHILD INFORMATION	
Full Legal Name:	
Birth Date:	<del> </del>
School District:	
Name of School:	
Grade:	
Classification (leave blank if child is not classified):	

Current Educational Program (i.e.: mainstream, resource room, out of district, etc.)
INFORMATION REGARDING DISCIPLINE
Has your child been disciplined in school? Yes O No O
Describe the nature of the underlying incident.
Describe the consequences your child was given.
Did you meet with any members of administration following the incident? Yes \cap No
If yes, please set forth dates, with whom you met, and outcome.
Did you receive any written communication regarding the discipline? Yes \( \cap \) No \( \cap \)
If yes, please send to documents@sgwlawfirm.com.

Did you request/attend an appeal? Yes $\bigcirc$ No $\bigcirc$
If you answered Yes to the above, please confirm if the appeal was reversed.
REFERRAL SOURCE
We would love to know – how were you referred to us?: