

| Student Infraction Report | | |
|---|---|---|
| NAME (Last, First, MI): | | Rate: |
| | | SSN: |
| School: | Class: | Date of Infraction: |
| Location of Infraction: <input type="checkbox"/> School <input type="checkbox"/> Barracks <input type="checkbox"/> Other _____ | | Reported by: |
| Infractions: SELECT ONLY ONE | | |
| <input type="checkbox"/> Creating disruption / disturbance / distraction | <input type="checkbox"/> Disobeying rules / regulations (specify) | <input type="checkbox"/> Loss or abuse of government property |
| <input type="checkbox"/> Failure to follow instructions / directions | <input type="checkbox"/> Failure to keep appointment | <input type="checkbox"/> Poor grooming / appearance |
| <input type="checkbox"/> Failure to perform assigned duties | <input type="checkbox"/> Failure to perform satisfactory cleanup | <input type="checkbox"/> Room Inspection |
| <input type="checkbox"/> Failure to salute or render honors | <input type="checkbox"/> Improper / unacceptable uniform | <input type="checkbox"/> Smoking in unauthorized space |
| <input type="checkbox"/> Late – i.e. muster, class, watch | <input type="checkbox"/> Leaving assigned area w/o permission | <input type="checkbox"/> Speeding |
| | | <input type="checkbox"/> Unauthorized Parking |
| | | <input type="checkbox"/> Uncooperative / discourteous / disrespectful |
| | | <input type="checkbox"/> Violation of safety / electrical rules |
| | | <input type="checkbox"/> Other (specify in remarks) |
| Description of Infraction: | | |
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| Counseling/Remarks: | | |
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| Corrective Action: | | |
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| (To be completed by school chief only) | | |
| Infraction # 1 2 3 4 5 6 7 8 9 10 | Repeat Infraction? <input type="checkbox"/> YES <input type="checkbox"/> NO # _____ | |
| Counseled by: | Date: | |
| Student Signature: | Date: | |