



Customer Delight

# School Bus Disciplinary Report

Department of Transportation  
MONTGOMERY COUNTY PUBLIC SCHOOLS (MCPS)  
Rockville, Maryland 20850



MCPS Form 555-3  
April 2019  
Page 1 of 2

See [MCPS Regulation EEB-RA, Operation and Care of MCPS Buses](#), for more information.

## SECTION I: TO BE COMPLETED BY BUS OPERATOR/ATTENDANT

Please discuss before taking action

Student name \_\_\_\_\_ School name \_\_\_\_\_  
*Last First MI*

Date of Incident \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_:\_\_\_\_  a.m.  p.m.  activity  mid-day  other

Bus Operator Name \_\_\_\_\_ Attendant Name \_\_\_\_\_

Route # \_\_\_\_\_ Bus # \_\_\_\_\_

Number of times student has been referred:  1  2  3  4  Action Requested  Information Only

## SECTION II: INFRACTION

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Alcohol*  | <input type="checkbox"/> Inhalants*   | <input type="checkbox"/> Student to Student Bullying, Harassment (including sexual harassment) or Intimidation**<br><input type="checkbox"/> Inappropriate touching**<br><input type="checkbox"/> Sexual activity, sexual attack, sexual harassment**<br><i>*See the MCPS Student Code of Conduct for more information.</i><br><i>**If one or more of these boxes are checked, see Section III below to record names of alleged victims and any witnesses.</i> |
| <input type="checkbox"/> Arson/Fire*   | <input type="checkbox"/> Knives and Other Weapons*  |  |
| <input type="checkbox"/> Attack on Adult*  | <input type="checkbox"/> Seat Belt (misusing or failing to use lap-shoulder belt, if bus is so equipped)          |  |
| <input type="checkbox"/> Bomb Threat*  | <input type="checkbox"/> Serious Bodily Injury*   |  |
| <input type="checkbox"/> Destruction of Property, including tampering with or damaging bus or its equipment* | <input type="checkbox"/> Standing or moving while bus is in motion  |  |
| <input type="checkbox"/> Disobedient or disrespectful to bus operator  | <input type="checkbox"/> Sticking head or hand out of window  |  |
| <input type="checkbox"/> Disruption*   | <input type="checkbox"/> Theft*   |  |
| <input type="checkbox"/> Drugs/Controlled Substances*  | <input type="checkbox"/> Threat to Adult*   |  |
| <input type="checkbox"/> Explosives*   | <input type="checkbox"/> Threat to Student*   |  |
| <input type="checkbox"/> Extortion*  | <input type="checkbox"/> Throwing objects out of bus window   |  |
| <input type="checkbox"/> False Alarm*  | <input type="checkbox"/> Tobacco and/or e-cigarettes*   |  |
| <input type="checkbox"/> Fighting, Attack on Student*  | <input type="checkbox"/> Trespassing*   |  |
| <input type="checkbox"/> Firearms, or Other Guns*  | <input type="checkbox"/> Unusually loud talking, laughing, or singing and/or other distracting noises and actions |  |
| <input type="checkbox"/> Inappropriate Use of Personal Electronics*  | <input type="checkbox"/> Other _____  |  |

## SECTION III: ADDITIONAL INFORMATION

Additional information which describes the infraction

What did the student say or do?

Is this a repeated behavior?  Yes  No Number of times \_\_\_\_\_

\*\*Alleged Victim(s) Name(s): \_\_\_\_\_

\*\*Witness Name(s): \_\_\_\_\_

## SECTION IV: BUS OPERATOR/ATTENDANT INFORMATION AND SIGNATURE

Action taken by bus operator/attendant \_\_\_\_\_

Student has been given an assigned seat  This has been discussed with the student

Supervisor name \_\_\_\_\_ Depot \_\_\_\_\_ Phone # \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Signature, Bus Operator \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**SECTION V OF THIS FORM MUST BE COMPLETED BY A SCHOOL ADMINISTRATOR—SEE PAGE 2**

**DISTRIBUTION:** COPIES 1, 2 AND 3/Principal for school record; Principal forwards COPY 2 to Transportation Supervisor and COPY 3 to Bus Operator (with action indicated); COPY 4/Bus Operator retains; COPY 5/Transportation Supervisor

**SECTION V: TO BE COMPLETED BY SCHOOL ADMINISTRATOR**

Complete MCPS Form 230-36, *Bullying, Harassment, or Intimidation Investigation Form* if bus operator/attendant indicates Bullying, Harassment, or Intimidation, Inappropriate Touching, or Sexual Contact in Section II above. Serious Incident Reporting requirements also must be followed, if appropriate.

If video was reviewed during investigation, ensure that it is preserved.

**Consequences:**

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Parent/Guardian notified | <input type="checkbox"/> Student conference | <input type="checkbox"/> Out-of-school suspension   | <input type="checkbox"/> Parent/Guardian/Student conference |
| <input type="checkbox"/> Contract                 | <input type="checkbox"/> Detention          | <input type="checkbox"/> Riding privilege suspended | <input type="checkbox"/> See school administrator           |
| <input type="checkbox"/> Other _____              |   |   |   |

Notes \_\_\_\_\_

Action taken by school administrator \_\_\_\_\_

Signature, Administrator \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_