

Report of Corporal Punishment

Jefferson County Board of Education
Department of Student Services

Student Name: _____

School: _____

Date of Corporal Punishment: _____

Code of Conduct Infraction: _____

SIR Offense Code: _____

Description of Offense: _____

Description of Manner of
Administration of Corporal
Punishment: _____

Witness Signature: _____

Administrator Signature: _____

Please pony, fax, or email this form to Heather Reynolds (hjohnson@jefcoed.com) in the Department of Student Services. Do not administer corporal punishment in the presence of any other student.