



# MORENO VALLEY COLLEGE

## DISRUPTIVE STUDENT BEHAVIOR FORM

### Disruptive Student Information:

Student I.D. Number: \_\_\_\_\_

Student Last Name: \_\_\_\_\_ Student First Name: \_\_\_\_\_

Course Title & Section # (if applicable): \_\_\_\_\_ Location: \_\_\_\_\_

### 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 incident occur?

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ a.m.  p.m.

**Location:** \_\_\_\_\_

3. Did the behavior occur in the classroom or outside of the classroom?

\_\_\_\_\_ **If Yes:** The Dean of Student Services will require the student to come into discuss the incident before returning to the classroom.

\_\_\_\_\_ **If No:** The Dean of Student Services Recommends that you discuss the behavior with the student. See *Moreno Valley College Student Handbook, section BP 500: Standards of Student Conduct and section AP 5520 Student Discipline Procedures*

Was the student requested to be removed from the classroom for one or two sessions, as stated by Education Code 76032 and AP5520? If yes, send a copy of this form to Dept. Chair, Dean of Instruction and Dean of Student Services. Keep on file for further use and give student a copy. **The student is required to meet with the Dean of Student Services prior to returning to class.**

4. Does this disruptive behavior raise safety concerns? \_\_\_\_\_ Yes: (attach statement to this form) \_\_\_\_\_ No: (Please note, **if yes** the student and the incident will be reported to the Behavioral Intervention Resources Team(BIRT) Committee for recommended follow through)

5. Was the Office of the College Police called to handle this incident? \_\_\_\_\_ Yes \_\_\_\_\_ No  
*\*(If YES, request that the officer submit the official report directly to the Dean of Student Services, Eugenia Vincent)  
\*(If NO, a copy of the incident/record will be kept on file with the Dean of Student Service office)*

6. Did the Officer provide you with an **Incident #**?  **Yes (Incident #** \_\_\_\_\_ **)**  **No**

7. Did the Officer provide you with a **Report #**?  **Yes (Report #** \_\_\_\_\_ **)**  **No**

### MVC Personnel Information:

Name of MVC Personnel filling the report: \_\_\_\_\_

(Please print) Last Name, First Name

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

To contact you: Email \_\_\_\_\_ or Phone/Cell \_\_\_\_\_ Ext. \_\_\_\_\_

CC: DEAN OF STUDENT SERVICES  
DEAN OF INSTRUCTION