

Academic Integrity Referral Form
Capital High School

When completed, document will be placed in student file.

Student Name _____ Date _____

Teacher Name _____ Class _____

Type(s) of Cheating

- Cheat sheet during quiz/test (notes, on desk, on phone, etc)
- Copying during quiz/test
- Copying of assignments
- Copying/pasting from other sources (blatant plagiarism)
- Lack of citations for quotations or paraphrases
- Turning in other student's work as their own
- Turning in your own work again in another class
- Collusion: Giving or sharing independent work resulting in that work used by another
- Other

Consequences

- No credit for assignment
- Re-do assignment for full credit
- Re-do assignment for partial credit
- Alternate assignment for full credit
- Alternate assignment for partial credit
- Verbal warning
- Other

Parent contacted on _____ via
(date)

- Phone
- Email
- Letter

We met and discussed the incident and consequences on _____.
(date)

Student signature

Teacher signature

Administrator signature

Write comments on reverse.

Document revised 10/6/11