***RE-DIRECTION FORM***

***(for not following rehearsal guidelines)***

*Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of class \_\_\_\_\_\_\_\_\_*

*Directions:*

***If you have chosen not to follow class guidelines 2 times today: Fill out Part 1***

***If you have chosen not to follow class guidelines 3 times today: Fill out Part 1 & 2***

***If you have chosen not to follow class guidelines 4 times today: Fill out Part 1, 2 & 3***

***If you have chosen not to follow class guidelines 5 times today: Fill out Part 1, 2 & 3, and it will be sent to administration as part of a referral.***

***PART 1*** *- if you CHOSE to not follow the guidelines* ***at least 2 times in one period***

*Put a checkmark next to the guidelines that you did not follow. If it was the same guideline that was not followed multiple times, add additional checkmarks. Please sign and date.*

*\_\_\_\_\_1) Follow directions the first time they are given*

*\_\_\_\_\_2) Raise your hand and wait to be acknowledged before you speak*

*\_\_\_\_\_3) Be in your assigned seat with all prepared choir materials out before the bell rings*

*\_\_\_\_\_4) Only specified Choir materials may be accessible during class unless specific*

*permission has been granted. This includes cell phones.*

*\_\_\_\_\_5) Water is the only beverage or food permitted. This includes gum.*

*Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_*

***PART 2*** *- if you CHOSE to not follow the guidelines* ***at least 3 times in one period***

***Please write out each guideline that you did not follow in today’s class. Next, explain how you will go about making better behavioral choices for future classes.*** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***PART 3*** *- if you CHOSE to not follow the guidelines* ***at least 4 times in one period***

***Please have your parents sign this form***

*Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_*