

ECSE OFFICE DISCIPLINE REFERRAL (ODR)

Student:	Date:
Classroom Teacher:	Time of Incident:
Reporting Person:	IEP yes/no

Location of the incident (Routine)	
<input type="checkbox"/> Arrival <input type="checkbox"/> Work time <input type="checkbox"/> Small Group Time <input type="checkbox"/> Large Group <input type="checkbox"/> Music/Movement <input type="checkbox"/> Transition <input type="checkbox"/> Table Time <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Rest Time	<input type="checkbox"/> Therapy _____ <input type="checkbox"/> Outdoor play <input type="checkbox"/> One on one activity with _____ <input type="checkbox"/> Large Group <input type="checkbox"/> Small Group <input type="checkbox"/> Clean Up <input type="checkbox"/> Bathroom <input type="checkbox"/> Departure <input type="checkbox"/> Bus <input type="checkbox"/> Other _____

Person(s) involved (check all that apply)	
<input type="checkbox"/> Teacher(s) _____ <input type="checkbox"/> Therapist(s) _____ <input type="checkbox"/> Paraprofessional(s)	<input type="checkbox"/> Bus Driver <input type="checkbox"/> Substitute <input type="checkbox"/> Other _____

What happened right before the behavior? (Antecedent)	
<input type="checkbox"/> Told or asked to do something _____ <input type="checkbox"/> Others playing nearby <input type="checkbox"/> End of or change of an activity <input type="checkbox"/> Object removed <input type="checkbox"/> Playing alone <input type="checkbox"/> Object out of reach	<input type="checkbox"/> Nonpreferred activity _____ <input type="checkbox"/> Difficult task/activity _____ <input type="checkbox"/> Others entering their space <input type="checkbox"/> Told "no" or "to stop" <input type="checkbox"/> Other _____

What did the behavior look like? (check all that apply)	
<input type="checkbox"/> Physical aggression (i.e. hitting, kicking, biting, spitting, pinching, pulling hair) <input type="checkbox"/> Verbal aggression (i.e. yelling, teasing) <input type="checkbox"/> Tantrum for more than 2 minutes <input type="checkbox"/> Unsafe behaviors (i.e. climbing on furniture, throwing toys etc.) <input type="checkbox"/> Inappropriate language (cursing)	<input type="checkbox"/> Noncompliance <input type="checkbox"/> Destroying property (intentional) <input type="checkbox"/> Disrupt learning for more than 2 teacher redirections <input type="checkbox"/> Running away <input type="checkbox"/> Self-Abuse/Stimulation <input type="checkbox"/> Other _____

Teaching staff response: (check all that apply)	
<input type="checkbox"/> Nonverbal cue/prompt <input type="checkbox"/> Practice skill <input type="checkbox"/> Re-Direct <input type="checkbox"/> Give Behavior choices	<input type="checkbox"/> Move within the group <input type="checkbox"/> Removal from area/activity <input type="checkbox"/> Reteaching of expectation <input type="checkbox"/> Removal to a safe spot in the classroom

Upon completion, give one copy to Data Tracking Representative, one for student's file, and one to review with Behavior Support Team.

SCHOOL DISTRICT OF WASHINGTON

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