**Elementary Office Discipline Referral Form**

Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ IEP: Y or N Date

Grade: K 1 2 3 4 5 Time of Incident:

Classroom Teacher\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Referred by

Location of Incident: (please check)

Restroom Library Playground Hallway Special event (field trip/assembly)

Bus area On bus Cafeteria Classroom Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- |
| REASON(S) FOR THE REFERRAL: (Please attach narrative of the incident if necessary.) | | | |
| **SAFETY**  Minor:  Physical contact  Major:  Physical aggression/assault  Bullying/harassment  Danger to self or others  Weapons  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **RESPECT**  Minor:  Defiance/disrespect/non-  compliance  Inappropriate verbal language  Disruption  Major:  Disrespect/non-compliance  Disruption  Verbal assault/threat  Damage or destruction of   property  Inappropriate language  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **RESPONSIBILITY**  Minor:  Property misuse  Other  Major:  Schoolwork/homework  Incomplete  Technology violation  Possession of illegal school   objects  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | |  |
| POSSIBLE MOTIVATION:  Attention from peers(s) Avoid work  Attention from adult(s) Obtain item  Avoid peer(s) Don’t know  Avoid adult(s) Other \_\_\_\_\_\_\_\_\_ | | OTHERS INVOLVED:  None Substitute  Peers Unknown  Staff Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Teacher | |
|  |  | |  |
| TEACHER ACTION TAKEN PRIOR TO REFERRAL: | | | |
| Changed student’s seat  Consulted Counselor  Sent previous report home  Conferred privately with student | Consulted Principal  Time out in the classroom  Met with Student Assistance   Team | | Telephoned parent/guardian  Other (Please specify)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | |  |
| ADMINISTRATIVE CORRECTIVE ACTION: | | | |
| Counselor referral  Out of school suspension  (\_\_\_\_\_\_\_ days)  Agency referral  In-school detention | Time out in office  Loss of privilege  Conference with student  Restitution  Parent contact | | Individual instruction  Sent home  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | |  |
| Parent Contacted: (Check one) Call Mail Message Email Conference | | | |

COMMENTS: (Use back if needed)

Teacher’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Principal’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_