**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 contactMajor:Physical aggression/assaultBullying/harassmentDanger to self or othersWeaponsOther \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **RESPECT**Minor:Defiance/disrespect/non- complianceInappropriate verbal language DisruptionMajor:Disrespect/non-compliance DisruptionVerbal assault/threatDamage or destruction of  propertyInappropriate languageOther \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **RESPONSIBILITY**Minor:Property misuseOtherMajor:Schoolwork/homeworkIncompleteTechnology violationPossession of illegal school  objectsOther \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| 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 |
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| 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) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_