

# Allen Office Referral

<b>Student Name:</b>	<b>Date:</b>	<b>Time:</b>
<b>Referring Adult:</b>		<b>Grade/Teacher:</b>
<b>Where the Behavior Occurred:</b> <input type="checkbox"/> Classroom <input type="checkbox"/> Hallway <input type="checkbox"/> Bathroom <input type="checkbox"/> Playground <input type="checkbox"/> Lunchroom <input type="checkbox"/> Specials <input type="checkbox"/> Arrival/Departure <input type="checkbox"/> Other <input type="checkbox"/> Witnessed by Staff <input type="checkbox"/> Other Witnesses <div style="text-align: center;">(Write names at bottom of form)</div>		
<b>Please check behavior category and circle all behaviors:</b> <input type="checkbox"/> <b>Disrespect:</b> Teasing, name calling, gossip, rumors, mean expressions or gestures, purposeful exclusion, defiance towards a teacher, etc <input type="checkbox"/> <b>Mild Aggression:</b> Physical horseplay, slapping, hair pulling, kicking, grabbing, pinching, poking, etc. <input type="checkbox"/> <b>Severe Aggression &amp; Destruction of Property:</b> Severe - horseplay, slapping, hair pulling, kicking, grabbing, punching, choking, etc <b>Going to Red</b>		
<b>Comments (please be specific)</b>		
<b>For Office Use Only</b>		
1 <sup>st</sup> Offense	2 <sup>nd</sup> Offense	3 <sup>rd</sup> Offense    4 <sup>th</sup> Offense
<b>Consequences:</b> <input type="checkbox"/> 15 second intervention (warning) <input type="checkbox"/> Student calls parent <input type="checkbox"/> Think sheet completed <input type="checkbox"/> Opportunity for apology/to make it right <input type="checkbox"/> Silent supervised recess <input type="checkbox"/> 1 day <input type="checkbox"/> 2 days <input type="checkbox"/> 3 days <input type="checkbox"/> 4 days <input type="checkbox"/> Conference with parent(s) <input type="checkbox"/> In School Suspension <input type="checkbox"/> 1/2 day <input type="checkbox"/> 1 day <input type="checkbox"/> 2 days <input type="checkbox"/> 3 days <input type="checkbox"/> Out of School Suspension <input type="checkbox"/> Date(s)		Staff Signature   Principal Signature   Parent Signature(s)  _____

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At the 4<sup>th</sup> time a student repeats a behavior in the year, an Individual Behavior/Action Plan may be developed. While the specifics of the plan may vary from student to student, the expectations for behavior would be consistent with the standards for ALL students.

Write witness names below: