



Avon Elementary Office Discipline Referral



Name: _____ **Grade:** _____ **Date:** _____ **Time:** _____

Teacher: _____ **Referring Staff:** _____

Location: Bathroom Cafeteria Hallway Playground Classroom Other _____

Others involved in incident: None Peers Staff Teacher Unknown Other _____

Problem Behavior	Possible Motivation	Interventions
<input type="checkbox"/> Disrespect	<input type="checkbox"/> Obtain peer attention	<input type="checkbox"/> Review expectations with student
<input type="checkbox"/> Non-compliance	<input type="checkbox"/> Obtain adult attention	<input type="checkbox"/> Loss of privilege
<input type="checkbox"/> Inappropriate Language	<input type="checkbox"/> Obtain items/activities	_____
<input type="checkbox"/> Inappropriate Touch	<input type="checkbox"/> Avoid Peer(s)	_____
<input type="checkbox"/> Physical Aggression	<input type="checkbox"/> Avoid Adult	<input type="checkbox"/> Parent contact
<input type="checkbox"/> Property Misuse	<input type="checkbox"/> Avoid task or activity	Date _____
<input type="checkbox"/> Technology Misuse		<input type="checkbox"/> Action Pending
<input type="checkbox"/> Stealing		_____
<input type="checkbox"/> Bullying		<input type="checkbox"/> Other
<input type="checkbox"/> Harassment		_____
<input type="checkbox"/> Other		

*Please check one box in each category.

COMMENTS: _____

Reflection

1. What expectation did you not use? Be Respectful Be Responsible Be Safe Be a Learner

*Staff-remember to review the specific expectation with the student.

2. Next time, I will:

Follow directions right away Use kind words Ask to take a break Tell the truth

Keep my hands to myself Treat property with care Think about the feelings of others

Other _____

Principal will make 1 copy for the office and 1 copy for the classroom teacher.