

Discipline Referral Form

STUDENT PROFILE

Student's Name _____ M / F Date _____

Grade _____ Teacher _____

Referred by _____ Prior number of referrals _____

Time: (please check) 8-9 am 9-10am 10-11 am 11-12pm 12-1pm 1-2pm 2-3pm 3-4pm

Location: (please check) Classroom Restroom Hallway Indoor Recess Office Arrival/Departure
 Outdoor Recess Specials Assembly Room Cafeteria Other

PROBLEM BEHAVIOR

- | | | |
|---|---|--|
| <input type="checkbox"/> disruption | <input type="checkbox"/> insubordination/defiance | <input type="checkbox"/> inappropriate language/gestures |
| <input type="checkbox"/> harassment /bullying | <input type="checkbox"/> verbal abuse | <input type="checkbox"/> refusal to work/participate |
| <input type="checkbox"/> threats | <input type="checkbox"/> fighting/physical aggression | <input type="checkbox"/> property damage |
| <input type="checkbox"/> lying/cheating | <input type="checkbox"/> stealing | <input type="checkbox"/> other (please describe) |
| <input type="checkbox"/> dress code violation | <input type="checkbox"/> sexual harassment | <input type="checkbox"/> tardy or truant |
| <input type="checkbox"/> other _____ | | |

brief description of behavior: _____

CHECK THE APPROPRIATE BOX

OTHERS INVOLVED

- none
- staff
- substitute teacher
- unknown
- other student(s)—please name below:

TEACHER ACTIONS

- conference w/ student
- communication w/ parent
- in-class time-out
- think sheet
- privilege loss
- out of class time-out
- apology restitution
- parent contact form
- corrective activity restitution
- home/school plan
- written contract
- other—please specify: _____

POSSIBLE TEACHER RECOMMENDATIONS

- cool off period
- keep for _____ minutes
- complete assignment
- "pep" talk
- contact parent
- send home
- other—please specify:

ADMINISTRATIVE ACTIONS

- | | |
|--|---|
| <input type="checkbox"/> conference w/ student | <input type="checkbox"/> apology restitution |
| <input type="checkbox"/> communication w/ parent | <input type="checkbox"/> corrective activity resolution |
| <input type="checkbox"/> phone or letter | <input type="checkbox"/> Responsible Thinking Center |
| <input type="checkbox"/> time out | <input type="checkbox"/> suspension |
| <input type="checkbox"/> privilege loss | <input type="checkbox"/> written contract |
| <input type="checkbox"/> send home | <input type="checkbox"/> referral |
| <input type="checkbox"/> other—please specify: _____ | |

Administrator Signature

Date entered into Database