

MCLAURIN ELEMENTARY SCHOOL—MAJOR OFFICE DISCIPLINE REFERRAL (ODR) FORM

Student: _____ Referred by: _____ Date: _____ Time: _____

Grade: _____ Homeroom: _____ Staff Present: _____ MSIS # _____ SPED Yes _____ No _____

<u>LOCATION</u>	<u>BEHAVIOR: (Check only one)</u>	<u>MOTIVATION:</u>	<u>PREVIOUS ACTIONS:</u>
(Check only one) <input type="checkbox"/> Classroom <input type="checkbox"/> Hallway <input type="checkbox"/> Playground <input type="checkbox"/> Cafeteria <input type="checkbox"/> Restroom <input type="checkbox"/> Special Class (specify) _____ <input type="checkbox"/> Dismissal area <input type="checkbox"/> Bus <input type="checkbox"/> Bus Loading zone <input type="checkbox"/> Car Loading zone <input type="checkbox"/> Assembly/ Field Trip <input type="checkbox"/> Other _____	<input type="checkbox"/> 3 previous documented minor incidents (attached) <input type="checkbox"/> Defiance/insubordinate/Non compliance <input type="checkbox"/> Physical aggression <input type="checkbox"/> Disruption <input type="checkbox"/> Disrespect <input type="checkbox"/> Abusive Language/Profanity <input type="checkbox"/> Harassment or Bullying (Circle one) <input type="checkbox"/> Fighting <input type="checkbox"/> Lying/Cheating <input type="checkbox"/> Harassment/Bullying <input type="checkbox"/> Forgery/Theft <input type="checkbox"/> Technology violation <input type="checkbox"/> Property damage/Vandalism <input type="checkbox"/> Use/possession of weapons	(Check only one) <input type="checkbox"/> Obtain peer attention <input type="checkbox"/> Obtain teacher attention <input type="checkbox"/> Obtain item/activity <input type="checkbox"/> Avoid work <input type="checkbox"/> Avoid peer <input type="checkbox"/> Avoid adult <u>OTHERS INVOLVED:</u> <input type="checkbox"/> None <input type="checkbox"/> Peers <input type="checkbox"/> Staff <input type="checkbox"/> Teacher <input type="checkbox"/> Substitute <input type="checkbox"/> Other _____	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Warning <input type="checkbox"/> Verbal redirection <input type="checkbox"/> Problem solving <input type="checkbox"/> Time-out in room (duration _____) <input type="checkbox"/> Time-out in another room (duration _____) <input type="checkbox"/> Separation of students <input type="checkbox"/> Loss of time on recess/activity <input type="checkbox"/> Lost access to items <input type="checkbox"/> Parent phone call <input type="checkbox"/> Parent conference <input type="checkbox"/> In school/ morning detention

Description of Behavior: _____

STUDENT FOLLOW - UP AGREEMENT

What expectation(s) did you break? Respectful Responsible Ready to Learn
 What did you want Attention Avoid my work Revenge Other _____
 Was it a wise choice? _____ What will you do differently next time? _____

<u>Administrative Action</u>	Date
<input type="checkbox"/> Time out / Detention <input type="checkbox"/> Conference with student <input type="checkbox"/> In school suspension <input type="checkbox"/> Loss of privilege <input type="checkbox"/> Out of school suspension	<input type="checkbox"/> Parent contact <input type="checkbox"/> Time in Office <input type="checkbox"/> Bus suspension <input type="checkbox"/> Expulsion <input type="checkbox"/> Other _____

Parent Called Date: _____ Time: _____ Comments _____

Teacher: _____ Administrator: _____ Date: _____

Student: _____ Parent: _____ Date: _____

(PARENT, PLEASE SIGN AND RETURN TO YOUR CHILD'S TEACHER)
 (For office use only: Entered PowerSchool Yes Entered SWIS Yes