

Reedley High School

Referral # _____
Admin use only

OFFICE DISCIPLINE REFERRAL FORM (ODR)

Student _____ ID# _____ Referring Staff _____ Grade Level _____ Date _____ Time _____

- Location**
- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Library/Computer Labs | <input type="checkbox"/> Special event/assembly/ field trip | <input type="checkbox"/> Hallway/ breezeway |
| <input type="checkbox"/> Commons/common area | <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Bus loading zone | <input type="checkbox"/> Gym |
| | <input type="checkbox"/> Bathroom | <input type="checkbox"/> Parking lot | <input type="checkbox"/> On bus |
| | | | <input type="checkbox"/> Other _____ |

Problem Behaviors (check the most intrusive)

MINOR

- Inappropriate language
- Physical contact
- Defiance/disrespect/ non-compliance
- Disruption
- Dress Code
- Electronic Device (Phone, radios, etc..)
(Unable to attain device, defiant)
- Property misuse
- Other _____

MAJOR

- Abusive lang./ inapprop. lang
- Fighting Physical aggression
- Defiance/disrespect/insubordination/non-compliant
- Harassment Ability religious racial gender sexual
- Disruption
- Inappropriate Display of Affection
- Skip class
- Forgery/ theft
- Dress code violation
- Lying/cheating
- Tobacco
- Alcohol/drugs
- Combustibles
- Technology Violation
- Vandalism
- Property damage
- Bomb threat
- Arson
- Weapons
- Other _____

Perceived Motivation

- Obtain peer attention Avoid tasks/activities Obtain adult attention Avoid peer(s) Obtain items/ activities Avoid adult(s)

Others Involved

None _____ Peers _____ Staff _____ Teacher _____ Substitute _____ Unknown _____ Other _____

Prior Interventions with student

Action Taken

- | | | |
|--|---|---|
| <input type="checkbox"/> Conflict Resolution | <input type="checkbox"/> Restorative Justice/Discipline | |
| <input type="checkbox"/> Time in office | <input type="checkbox"/> Detention | <input type="checkbox"/> Additional Attendance/Saturday School |
| <input type="checkbox"/> Loss of privilege | <input type="checkbox"/> Parent contact | <input type="checkbox"/> Conference with student |
| <input type="checkbox"/> Other _____ | | <input type="checkbox"/> In-school suspension Days _____ |
| | | <input type="checkbox"/> Out-of-school suspension Days _____ |
| | | <input type="checkbox"/> Alternative Setting Placement |

Comments:

