

South Whidbey Secondary Campus 7-12

Referral Form

5675 Maxwellton Rd. Langley, WA 98260

360-221-4300

Student: _____ Grade: _____

Teacher: _____ Date: _____ Time: _____

Reason for Referral/Description of incident:

Interventions attempted:

One on One Conference _____ Reset desk _____ Non-Verbal correction _____

Administration conference _____

Time to De-escalate _____

Other _____

If classroom exclusion:

Parent Contacted by phone: Date: _____ Time: _____

Administration Contact Date: _____

Action/Comment: _____

Student Signature: _____ Date: _____

Administrator Signature: _____ Date: _____

Skyward Entry Code: _____ Date: _____