Ann M. Garcia-Enriquez Middle School

Office Referral

Name: _____**Grade:**_____**Teacher:**_____

Date: _____**ID:** _____**Period:** _____**Time:**_____

☐ Respect ☐Responsibility ☐Safety

Location

☐Classroom ☐Hallway ☐Restroom ☐Bus ☐Football Field ☐Other:
☐Courtyard ☐Cafeteria ☐Library ☐Gym ☐Event/Field Trip _____

Major Problem Behavior	Possible Motivation
☐ Defiance (3rd or more) ☐ Disrespect (3rd or more) ☐ Disruption (3rd or more) ☐ Abusive Language to adult ☐ Tardy (5th, +3, +3…) ☐ Truancy ☐ Harassment / Bullying ☐ Fighting / Horseplay ☐ Electronic Violation ☐ Property Damage ☐ Theft ☐ Dress Code (3rd or more) ☐ Inappropriate Display of Affection (PDA) ☐ Gang Display ☐ Bomb Threat / False Alarm ☐ Arson ☐ Weapon: _____ ☐ Alcohol / Tobacco / Drugs ☐ Other _____	The student gains: ☐ Peer Attention ☐ Adult Attention ☐ Item/Activity ☐ Other:_____ The student avoids or escapes: ☐ Peer Attention ☐ Adult Attention ☐ Item/Activity ☐ Other: _____ **Others Involved** ☐None ☐Teacher _____ ☐Substitute _____ ☐Peers _____ ☐Staff _____ ☐Other _____ ☐Unknown

Teacher Notes

Parent/Guardian Contact(s) **Name:**_____ **Phone #**_____

Home Address _____

Date(s):_____ _____ _____

Teacher Notes (Continued)

Administrator Use Only	
☐ Conference with Student: Date: _____ Time: _____ ☐ Parent Contact: Date:_____Time:_____ ☐ Referral To: Campus Counselor:_____ STAR/SPED Counselor:_____ Other: _____	☐ Detention: _____ ☐ Bus Suspension (_____days)_____ ☐ ISS (_____days)_____ ☐ OSS (_____days)_____ ☐ DAEP Hearing _____ ☐ Other _____

Administrator Use Only: Summary

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Administrator: _____ **Date:** _____

Student: _____ **Date:** _____

Parent/Guardian: _____ **Date:** _____

Revised 7/6/17