



PVSD Playground Behavior Referral Form

Person Completing the Form: _____

Student or Students Involved: _____ Date: __ Time: __

Witnesses: _____

Location of Incident:

☐ Playground ☐ Field ☐ Blacktop ☐ Other: _____

Behavior Observed (Check all that apply):

☐ Physical aggression (e.g. hitting, pushing) ☐ Verbal aggression (e.g. name-calling, yelling)

☐ Not following rules/instructions ☐ Unsafe behavior ☐ Disrespect to peers/staff

☐ Exclusion or teasing ☐ Possible bullying ☐ Other: _____

Brief Description of Incident:

Action Taken (Check all that apply):

☐ Warning ☐ Cool-down time ☐ Student conference ☐ Ask to move to another activity

☐ Other: _____