

Office Discipline Referral Form 2025 - 2026
South Whidbey Elementary School

Student: _____

Date: _____ Time: _____

Teacher: _____

Grade: K 1 2 3 4 5

Referring Staff: _____

Location: Circle

Bathroom/Restroom

Bus - a.m. p.m.

Cafeteria - a.m. lunch

Classroom

Hallway

Recess - lunch p.m.

Specialist _____

Others involved in Incident:

None

Staff

Guest Teacher

Students/Peers

Other

Possible Motivation

Obtain peer attention

Obtain adult attention

Obtain items/activities

Unknown Motivation

Avoid Peers

Avoid Adults

Avoid Tasks/Activities

Other _____

TIER 1 : Teacher Managed - Referral not necessary unless pattern of behavior

Classroom disruption

Preparedness

Work Refusal

Electronic devices

Non-serious physical contact

Minor Inappropriate language

Minor - defiance, disrespect, non-compliance

Other _____

TIER 2 : MINOR Behavior Referral - Teacher managed or playground supervisor managed -fully completed blue slip submitted to office.

Disrespect

Defiance

Disruption

Physical contact/aggression

Out of bounds (Leaving class w/o permission)

Inappropriate Language

Property Misuse

Technology Violation

Other _____

TIER 3 : MAJOR Behavior Referral - Submit to Office with full details noted on form

Defiance/Insubordination/Noncompliance INS NOC

Physical Aggression IBE

Disruption DEP

Abusive/Inappropriate language/Profanity PRO

Harassment/Intimidation/Bullying HAR ZB

Inappropriate Location/Out of Bounds OS

Forgery / Theft FOR / THE

Fighting FIG

Disrespect DEP

Technology Violation NET

Property Damage DES

Vandalism VAN

Other Behavior _____

PLEASE CHECK ONE

___ Requesting Admin follow up

___ Reporting only (ISSUE RESOLVED)

Staff Interventions

Informal talk/warning	Completed Think Sheets
restorative conversation with student(s)	Loss of Privilege _____
Notified Parents / guardians	Other: _____
Re-teaching expectation	Other _____

STAFF COMMENTS: (what happened/information for/ from others)

MAJOR - Action Taken

Meet with Principal <i>CM</i>	Loss of Privilege _____	<i>DTT</i>
Meet with Counselor <i>DOC</i>	Think Time _____	<i>DTT</i>
Meet with Support <i>DOC</i>		
Time in Reset Program during lunch: <i>DRE</i>	Restitution, Community Service <i>CS</i>	
lunch / p.m. date _____	Restorative Circle <i>CS</i>	
time _____	Other _____	<i>QI QD</i>

In-school suspension: #days _____ dates _____ *ZIS*

Out-of-school suspension: #dates _____ dates _____ *ZoS*

Contact with Parent - Describe

Phone Email In-Person Mail *QN*

Follow-Up Comments / Action Taken

Name of Staff Member Implementing Action Taken for Majors