

# Disciplinary Referral Form

## Student Information

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Referred by \_\_\_\_\_ Homeroom Teacher \_\_\_\_\_

## Previous Teacher Interventions

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Student Warning          | <input type="checkbox"/> Use of Time-Out           | <input type="checkbox"/> Loss of Privilege              |
| <input type="checkbox"/> Parent Note by Teacher   | <input type="checkbox"/> Parent Contact by Teacher | <input type="checkbox"/> Parent Conference with Teacher |
| <input type="checkbox"/> Individual Behavior Plan | <input type="checkbox"/> Guidance Referral         | <input type="checkbox"/> Previous Referral to Office    |

## Major Problem Behavior

- |   |   |
|---|---|
| <input type="checkbox"/> Abusive Language             | Swearing or use of inappropriate words.                                       |
| <input type="checkbox"/> Bullying/Harassment          | Threats, intimidation, gestures, verbal attacks.                              |
| <input type="checkbox"/> Disrespect/Defiance          | Refusal to follow directions and/or socially rude interactions.               |
| <input type="checkbox"/> Disruption                   | Yelling, noise with materials, or horseplay.                                  |
| <input type="checkbox"/> Fighting Resulting in Injury | Hitting, punching, hitting with an object, kicking, scratching.               |
| <input type="checkbox"/> Theft                        | Removing someone's property.  |
| <input type="checkbox"/> Vandalism/Property Damage    | Substantial destruction of property.  |
| <input type="checkbox"/> Weapons                      | Knives, guns (real or look alike), or objects capable of causing bodily harm. |

Specific Information Regarding Incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Action Taken By Administrator

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Conference with Student | <input type="checkbox"/> Loss of Privilege | <input type="checkbox"/> Time in Office    | <input type="checkbox"/> In-School Suspension     |
| <input type="checkbox"/> Parent Contact          | <input type="checkbox"/> Detention         | <input type="checkbox"/> Guidance Referral | <input type="checkbox"/> Out-of-School Suspension |

## Signatures

Referred By \_\_\_\_\_ Date \_\_\_\_\_

Administrator \_\_\_\_\_ Date \_\_\_\_\_

Parent \_\_\_\_\_ Date \_\_\_\_\_

**Office Use Only:**

Infraction Code: \_\_\_\_\_ Response Code: \_\_\_\_\_

Notes: \_\_\_\_\_

*Please sign, date, and return one copy to school.*