

Discipline Referral Form

Student: _____ Referring Staff: _____

Grade: PreK K 1 2 3 4 5 6 7 8 Time: _____ a.m./p.m. Date: _____
(Circle one)

LOCATION:

- Classroom Playground/Recess Cafeteria Bus Hallway Library Bathroom
 Arrival/Dismissal Assembly/Field Trip Locker Room Other: _____

PROBLEM BEHAVIORS:

MINOR:

- Inappropriate Language Physical Contact Defiance/Non-Compliance Disruption
 Dress Code Property Misuse Tardy Technology Violation Gum Chewing
 Other: _____

MAJOR:

- Abusive Language Fighting/Physical Contact Overt Defiance/Non-Compliance
(including threats of harm)
 Dress Code Vandalism Technology Violation Harassment
 Hazing Bullying Skipping Class Alcohol/Drugs/Weapon
 Other: _____

POSSIBLE MOTIVATION:

- Obtain Peer Attention Obtain Adult Attention Obtain Items/Activities Avoid Peer(s)
 Avoid Adult(s) Avoid Activity/Task Don't Know Other: _____

OTHERS INVOLVED: (List others involved on the back of this form)

- None Peer(s) Staff Teacher Substitute Unknown Other: _____

ADMINISTRATIVE DECISION:

- Success Plan Loss of Privilege Conference with Student Parent Contact/Conference
 Tolerance Timeout Individualized Education Detention: Lunch/Recess/Afterschool
 Bus Suspension (# of Days: _____) ISS (# of Days: _____) OSS(# of Days: _____)
 Restitution Other: _____

ACTION ALREADY TAKEN:

- Verbal Warning Assigned Quiet Time Alternate Seating Other: _____

Internal Use Only:

- SWIS
 PHOTOCOPY

