



Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Referring Teacher: \_\_\_\_\_  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_ Referral # \_\_\_\_\_ (leave blank)

**Please Check the Conduct Below:**

- |   |  |
|---|--|
| <input type="checkbox"/> Cut class/Leave room without permission          | <input type="checkbox"/> Uniform Policy violation (i.e. Hat)   |
| <input type="checkbox"/> Tardy to class                                   | <input type="checkbox"/> Horse Play (Play Fighting)            |
| <input type="checkbox"/> Use of cell phone or other forbidden electronics | <input type="checkbox"/> Disrespectful/Disruptive Behavior     |
| <input type="checkbox"/> Insubordination (i.e. gum)                       | <input type="checkbox"/> Refusal to Participate                |
| <input type="checkbox"/> Excessive time out of class                      | <input type="checkbox"/> other (Suspension offences see below) |

Describe Incident: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Teacher Action Taken:**

*Required:*

- Conference with student
- Contract agreement to identify target behavior, define expectations and describe consequences (after two referrals).
- Incident addressed during Open Circle and/or Classroom Meetings
- Loss of privilege: \_\_\_\_\_ (field trips, after-school activities, assemblies etc)
- Detention: After School      Before School
- Buddy Room
- Time Out Area in Classroom
- Community Service \_\_\_\_\_ (What did the student do?)
- Alternative Schedule
- Reflection Form
- Phone call to parent: Phone #: \_\_\_\_\_ Outcome: \_\_\_\_\_

List other intervention strategies you tried prior to contacting the office.

1. \_\_\_\_\_
2. \_\_\_\_\_

***Request for a 3-way meeting with (\*service providers may be included as necessary):***

*Parent, Student, Administrative                                      OR                                      Child, Teacher, Administrative*

**Administrator Action Needed:**

**Suspension Offenses (please select one):**

- Possession of a dangerous weapon    Stealing    Fighting    Obscene Language/Gestures    Suspicion of use of illegal substances    Sexual Harassment   \* Three or more minor offenses (see above)

Describe Incident: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Administrator Action Taken:**

- Conference with student
- Suspension Hearing      Date: \_\_\_\_\_
- Request to teacher to refer student to Student Support Team (after 3 referrals)

*Administrators will file all original Discipline Referral Forms in the main office for school records.*