

K-5

Maurice J. Tobin K – 8 School

DISCIPLINE REFERRAL FORM



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"/> Stealing |
| <input type="checkbox"/> Tardy to class | <input type="checkbox"/> Suspicion of use of illegal substance |
| <input type="checkbox"/> Use of cell phone or other forbidden electronics | <input type="checkbox"/> Substantial disruptive behavior |
| <input type="checkbox"/> Fighting | <input type="checkbox"/> Possession of a weapon or illegal substance |
| <input type="checkbox"/> Sexual Harassment | <input type="checkbox"/> Obscene Language |

Describe Incident: _____

Teacher Action Taken:

Required:

- Conference with student
- Contract agreement to identify target behavior, define expectations and describe consequences (after 2 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. _____
3. _____

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

Parent, Student, Administrative OR Child, Teacher, Administrative

Administrator Action not required for this referral

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.