**Behavioral Referral Form**

**Student’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Location:**

**Date:** \_\_\_\_\_\_\_\_\_\_Time: \_\_\_\_\_\_\_\_\_\_\_\_\_ □ Playground □ Library □ On Activity

**Teacher:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Cafeteria □ Bathroom □ Bus

**Grade:** K 1 2 3 4 5 6 7 8 9 10 11 12 □ Hallway □ Using Technology □ Parking Lot

**Referring Staff:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Classroom □ Commons

|  |  |  |
| --- | --- | --- |
| **Minor Problem****Behaviors** | **Major Problem****Behavior** | **Possible Motivation** |
| □ Inappropriate □ Language□ Physical Contact□ Defiance□ Disruption□ Dress Code□ Property Misuse□ Electronic Violation□ Tardy□ Other\_\_\_\_\_\_\_\_\_\_\_ | □ Abusive Language□ Fighting/Physical□ Aggression□ Overt Defiance□ Harassment/Bullying□ Lying/Cheating□ Inappropriate Display of Affection□ Skipping Class□ Electronic Violation□ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □ Obtain Peer Attention□ Obtain Adult Attention□ Obtain Items/Activities□ Avoid Peers□ Avoid Adult□ Avoid Task or Activity□ Don’t Know□ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **Administrative Decision** |
| □ Loss of Privilege□ Time in Office□ Conference with Student□ Parent Contact | □ Individualized instruction□ In-School Suspension (\_\_\_hours/ \_\_\_days)□ Out of School Suspension (\_\_\_\_days)□ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Administrative Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Others involved in incident:** □ None □ Peers □ Staff □ Teacher □ Substitute

□ Unknown □ Other

**Other Comments:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ I need to speak with the student’s teacher. □ I need to speak with an administrator.

**Follow up Agreement**

Name: Date:

1. What rule(s) did you break?

 □ Be Safe □ Be Motivated □ Be an Achiever □ Be Respectful □ Work as a Team

1. What will you do differently next time?

Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_