**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_