# Referral Form

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Grade: K 1 2 3 4 5  Referring Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Date:  \_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Location:   * Playground * Cafeteria * Hallway * Classroom | | | | * Library * Bathroom * Arrival/Dismissal * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| * *I need to talk to the student’s teacher* | | | | | | * *I need to talk to the administrator* | | | | | | |
| This student was not showing: | | * Safety | | | * Teamwork | | | | * Achievement | | | * Respect |
| **Problem Behavior** | | | **Possible Motivation** | | | | | | | **Staff/Admin. Decision** | | |
| **Minor**   * Inappropriate Language/ teasing/taunting * Physical Contact * Defiance/Non-compliance * Disrespect toward student * Disruption * Equipment misuse/Outside of boundaries * Other \_\_\_\_\_\_\_\_\_\_   **Major**   * Abusive Language * Fighting/Physical aggression * Overt Defiance/ Insubordination * Harassment/Physical Bullying * Disruption * Property Damage/Vandalism * Other \_\_\_\_\_\_\_\_\_\_\_ | | | * Obtain peer attention * Obtain adult attention * Obtain items/activities * Avoid peer(s) * Avoid Adult * Avoid task or activity * Don’t know * Other ­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   ­­­­­­­­­­­­­ | | | | | | | * Error correction and increased monitoring/praise of expected behavior * Reteaching and practice of skill * Loss of privilege \_\_\_\_\_\_\_\_\_\_\_ * Conference with student * Parent Contact * Follow-up Agreement * Detention   (\_\_\_\_\_hours/Days)   * In-school suspension   (\_\_\_\_\_hours/days)   * Out of school suspension   (\_\_\_\_\_days)   * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Others involved in incident: | □ None  □ Peers  □ Substitute | | | | □ Staff  □ Teacher  □ Unknown | | | □ Other | | | | |
| Other Comments: | | | | | | | | | | | | |
| Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |