

Student Behavior Referral

Referral Teacher Report

Office Referral: Yes / No

Student Name: _____

Grade: _____

IEP Yes/No _____

Gender M / F

Ethnicity: Caucasin / African American / Hispanic / Asian / Native American

Individual Making Referral: _____

Position: _____

School: _____

Code (CD) for Infraction

- | | | | | |
|---|---|---|---|---|
| <input type="checkbox"/> Alcohol (01) | <input type="checkbox"/> Firearms confis (13) | <input type="checkbox"/> Teen Pregnancy (25) | <input type="checkbox"/> Disrespectful (37) | <input type="checkbox"/> Other (49) |
| <input type="checkbox"/> Arson (02) | <input type="checkbox"/> Firearms incid (14) | <input type="checkbox"/> Tobacco (26) | <input type="checkbox"/> Distractive itm (38) | <input type="checkbox"/> Pager/electron (50) |
| <input type="checkbox"/> Assault tch/stf (03) | <input type="checkbox"/> Gang incidents (15) | <input type="checkbox"/> Trespassing (27) | <input type="checkbox"/> Dress code viol (39) | <input type="checkbox"/> Playground (51) |
| <input type="checkbox"/> Assault student (04) | <input type="checkbox"/> Hate crimes (16) | <input type="checkbox"/> Vandalism (28) | <input type="checkbox"/> Fire Alarm viol (40) | <input type="checkbox"/> Refusal to work (52) |
| <input type="checkbox"/> Battery (05) | <input type="checkbox"/> Homicides camp (17) | <input type="checkbox"/> Attendance (29) | <input type="checkbox"/> Gum (41) | <input type="checkbox"/> Tardiness (53) |
| <input type="checkbox"/> Bomb threats (06) | <input type="checkbox"/> Larceny/theft (18) | <input type="checkbox"/> Café' violation (30) | <input type="checkbox"/> Hit/kick/push (42) | <input type="checkbox"/> Truancy (54) |
| <input type="checkbox"/> Break/Enter/bur (07) | <input type="checkbox"/> M vehicle theft (19) | <input type="checkbox"/> Class disrupt (31) | <input type="checkbox"/> Immunizations (43) | <input type="checkbox"/> Sex harassment (55) |
| <input type="checkbox"/> Bully/harass st (08) | <input type="checkbox"/> Other drugs (20) | <input type="checkbox"/> Damage Prop (32) | <input type="checkbox"/> Inappr language (44) | <input type="checkbox"/> Spitting (56) |
| <input type="checkbox"/> Bully/harass tc (09) | <input type="checkbox"/> O weapons conf (21) | <input type="checkbox"/> Dangerous item (33) | <input type="checkbox"/> ISD disruptions (45) | <input type="checkbox"/> Victim report (57) |
| <input type="checkbox"/> Bus incid disp (10) | <input type="checkbox"/> Robbery (22) | <input type="checkbox"/> Defiance (34) | <input type="checkbox"/> Lighter/flamm (46) | |
| <input type="checkbox"/> Disorderly cond (11) | <input type="checkbox"/> Suicides attemp (23) | <input type="checkbox"/> Detention viol (35) | <input type="checkbox"/> Lunchroom behav (47) | |
| <input type="checkbox"/> Fighting mutual (12) | <input type="checkbox"/> Suicides compl (24) | <input type="checkbox"/> Discourteous (36) | <input type="checkbox"/> Multiple offen (48) | |

Disposition

- | | | |
|---|---|---|
| <input type="checkbox"/> Referred to Counslor (COUN) | <input type="checkbox"/> Parent and/or Tch Conf. (PCON) | <input type="checkbox"/> Transfer (TRN) |
| <input type="checkbox"/> Contacted District Attorney (DA) | <input type="checkbox"/> Contact Parent (PPC) | <input type="checkbox"/> Warning (WRN) |
| <input type="checkbox"/> Detention (DET) _____ days | <input type="checkbox"/> No Recess (REC) | <input type="checkbox"/> None (NON) |
| <input type="checkbox"/> In School Detention (ISD) _____ days | <input type="checkbox"/> Short Term Suspension (STU) | |
| <input type="checkbox"/> Long Term Suspension (LSUS) _____ days | <input type="checkbox"/> Student Conference (STU) | |

Location:

- | | | | | |
|---|--|--|---|--|
| <input type="checkbox"/> Classroom (L1) | <input type="checkbox"/> Bathroom (L4) | <input type="checkbox"/> Library (L6) | <input type="checkbox"/> Parking Lot (L8) | <input type="checkbox"/> Special event (L10) |
| <input type="checkbox"/> Playground (L2) | <input type="checkbox"/> Gym (L5) | <input type="checkbox"/> Bus loading zone (L7) | <input type="checkbox"/> On Bus (L9) | <input type="checkbox"/> Other (L11) |
| <input type="checkbox"/> Common Area (L3) | | | | |

DIFF Reason

- | | | | | |
|---|--|--|--|--|
| <input type="checkbox"/> Before School (BS) | <input type="checkbox"/> 2nd Period (T2) | <input type="checkbox"/> 4th Period (T4) | <input type="checkbox"/> 5th Period (T5) | <input type="checkbox"/> 7th Period (T7) |
| <input type="checkbox"/> 1st Period (T1) | <input type="checkbox"/> 3rd Period (T3) | <input type="checkbox"/> Lunch (LU) | <input type="checkbox"/> 6th Period (T6) | <input type="checkbox"/> After School (AS) |

Possible Motivation:

- | | | |
|---|---|--|
| <input type="checkbox"/> Obtain peer attention (OPA) | <input type="checkbox"/> Avoid tasks/Activities (ATA) | <input type="checkbox"/> Don't know (DK) |
| <input type="checkbox"/> Obtain adult attention (OAA) | <input type="checkbox"/> Avoid peers (AP) | <input type="checkbox"/> Other (O) |
| <input type="checkbox"/> Otain items/activities (OIA) | <input type="checkbox"/> Avoid Adults (AA) | |

Comments: _____

Building Administrator Signature: _____

Date: _____

District Administrator Signature: _____

Date: _____