

Office Discipline Referral Major

Student's Name: _____ **Grade:** 6 7 8 **Date of Incident:** _____
Referring Staff: _____ **Team:** _____ **Time of Incident :** _____

Location of Incident:
 Classroom Cafeteria Hallway/Stairwell Bathroom School grounds/athletic field Other _____

Involved With Incident:
 Teacher Substitute Peer Paraprofessional None Other _____

Personal responsibility Respect Involvement Disciplined Excellence

Major Problem Behavior: Circle one primary behavior.
 Abusive language/inappropriate language Fighting Property Damage/Vandalism Use/Distribution/Possession of alcohol drugs tobacco
 Arson Forgery/theft/plagiarism Skip class/Detention Use/Distribution/Possession of combustibles
 Bomb Threat/False Alarm/Public Alarm Inappropriate display of affection Tardy(>5min) Use/Distribution/Possession of a weapon
 Defiance, insubordination, non-compliance with adult Inappropriate location, out of bounds Technology Violation knife gun other
 Disrespect Lying/Cheating Truancy
 peer adult
 Disruption Physical Aggression
 Other (please specify): _____
Other details: _____

Possible Motivation:
 Avoid Adult Attention Avoid Peer Attention Avoid Tasks/Activities Other: _____
 Obtain Adult Attention Obtain Peer Attention: Obtain Items/Activities: Unknown Motivation

Administrative Decision: Circle most severe. Check 1 to 3 secondary outcomes, if applicable
 Processing with student Time Out (activity/lunch) In-School Suspension Out of School Suspension Other _____
 Loss of Privilege Parent Contact/Meeting Detention (Admin) Police Contact Bullying/Harassment Investigation

Administration Signature: