

**LYNN ROAD ELEMENTARY
OFFICE DISCIPLINE REFERRAL FORM**

Student: _____ **Teacher:** _____ **Referring Staff:** _____

Date: _____ **Time:** _____ **Grade:** PreK K 1 2 3 4 5 **Eth.** _____

Problem Behaviors (check only one and the most intrusive)

(3 minors = a major, please check the appropriate minor incident and the box under major that states 4th minor offense)

<p align="center">MINOR (Teacher)</p> <input type="checkbox"/> Inappropriate language <input type="checkbox"/> Physical contact <input type="checkbox"/> Defiance/disrespect/ non-compliance <input type="checkbox"/> Disruption <input type="checkbox"/> Property misuse <input type="checkbox"/> Dress code reminder <input type="checkbox"/> Other (Please explain) _____	<p align="center">MAJOR (Administration)</p> <input type="checkbox"/> 4 th Minor Offense <input type="checkbox"/> Fighting/physical aggression <input type="checkbox"/> Defiance/disrespect/ insubordination/non-compliant <input type="checkbox"/> Harassment/bullying <input type="checkbox"/> Disruption <input type="checkbox"/> Abusive lang./inapprop. language <input type="checkbox"/> Skip class/ truancy	<input type="checkbox"/> Forgery/ theft <input type="checkbox"/> Dress code violation <input type="checkbox"/> Lying/cheating <input type="checkbox"/> Vandalism <input type="checkbox"/> Property damage <input type="checkbox"/> Weapons <input type="checkbox"/> Other (Please explain) _____
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<p>Location (choose only one)</p> <input type="checkbox"/> Classroom <input type="checkbox"/> Playground <input type="checkbox"/> Commons area <input type="checkbox"/> Hallway/ breezeway <input type="checkbox"/> Cafeteria <input type="checkbox"/> Bathroom/restroom <input type="checkbox"/> Gym <input type="checkbox"/> Library <input type="checkbox"/> Parking lot / Car Pool <input type="checkbox"/> Bus <input type="checkbox"/> Bus Area <input type="checkbox"/> Special event/ assembly/ field trip <input type="checkbox"/> Other _____	<p>Possible Motivation (choose only one)</p> <input type="checkbox"/> Obtain peer attention <input type="checkbox"/> Obtain adult attention <input type="checkbox"/> Obtain items/ activities <input type="checkbox"/> Avoid tasks/activities <input type="checkbox"/> Avoid peer(s) <input type="checkbox"/> Avoid adult(s) <input type="checkbox"/> Other _____	<p>Others Involved</p> <input type="checkbox"/> None <input type="checkbox"/> Peers <input type="checkbox"/> Staff <input type="checkbox"/> Teacher <input type="checkbox"/> Substitute <input type="checkbox"/> Unknown <input type="checkbox"/> Other _____
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<p>Teacher Decision</p> <input type="checkbox"/> Verbal warning <input type="checkbox"/> Time out <input type="checkbox"/> Loss of privileges <input type="checkbox"/> Removed from group <input type="checkbox"/> Sent to another classroom <input type="checkbox"/> Parent contact <input type="checkbox"/> Note home <input type="checkbox"/> Detention <input type="checkbox"/> Move card, loss of points, etc. <input type="checkbox"/> Restitution <input type="checkbox"/> Other _____	<p>Administrative Decision</p> <input type="checkbox"/> Time in office <input type="checkbox"/> Conference with student <input type="checkbox"/> Individualized instruction <input type="checkbox"/> Loss of privilege <input type="checkbox"/> Bus Suspension <input type="checkbox"/> Parent contact <input type="checkbox"/> Detention <input type="checkbox"/> In-School suspension <input type="checkbox"/> Out-of-school suspension <input type="checkbox"/> Restitution <input type="checkbox"/> Other _____
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When a Student is Sent to the Office:

1. What work is this student missing during his/her time in the office? _____

2. How will this instructional time be made up? _____

**Copies of all referral forms (minor and major) are filed in the front office as well as copies sent to the parent/guardian. The classroom teacher handles minor offenses and all major offenses are handled by administration.*

Administrator Signature: _____ Date: _____

Requires Parent/Guardian Signature: _____ Date: _____

*Comment on back if necessary

Data entered by: _____ Date: _____
(Initials)