

Campbellsport Elementary School Referral Form

Student Name: _____ **Grade:** 4K K 1 2 3 4 5

Referring Staff: _____ **Homeroom Teacher:** _____

Date: _____ **Time:** _____

You must check one of the following:

- Dealt with in classroom, no further action is needed
- Dealt with in classroom and consequence was given, however, I would like Guidance/Principal to talk with student
- No consequence given, please talk with student

Location	Minors	Majors	Motivation	Others Involved	Referring Staff Decision
Classroom	Inappropriate Language	Abusive Language/Gesture/Profanity	Obtain Peer Attention	No One	Time in Office
Playground	Arguing with teacher	Physical Aggression With intent to harm	Obtain Adult Attention	Peers	Loss of Privilege/Recess
Hallway	Running in building		Obtain Adult Attention	Staff	Conference with student
Cafeteria	Failure to follow directions	Harassment/Bullying/Threats	Obtain	Teacher	Parent Contact
Bathroom	Lying	Vandalism	Objects/Items	Substitute	Time Out/Detention
Library/Media	Arguing with other student		Tasks/Activities	Unknown	Community Service
Bus	Non-compliance	Theft/Stealing	Avoid	Other Adult	Individualized Instruction
Parking Lot	Disruption	Technology	Avoid Peer(s)		Reflection Form
Assembly/Field Trip	Cheating	Violation	Avoid Adult(s)		Unknown
Office	Pushing/Shoving	Weapons	Other		Other _____
Art Room	Inappropriate use of equipment/Lack of playing fair	Continual Minor Behavior-Explain Below	Unknown		Office Use Only
Computer Lab					
Locker Room					In-School Suspension
Music Room					Date: _____
Gym					Out-Of-School Suspension
Other _____					Date: _____
					Bus Suspension
					Date: _____

Explanation of Incident: _____
