

**Adena Local Schools**  
**Office Discipline Referral Form**  
**Adena High School, Ms. Coriell, Principal**  
**740-998-2313**

**Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**HR Teacher:** \_\_\_\_\_ **Referring Teacher:** \_\_\_\_\_

**Location:**

- |  |                                    |                                    |
|--|------------------------------------|------------------------------------|
| <input type="checkbox"/> Hallway       | <input type="checkbox"/> Classroom | <input type="checkbox"/> Cafeteria |
| <input type="checkbox"/> Special Event | <input type="checkbox"/> Bathroom  | <input type="checkbox"/> Office    |
| <input type="checkbox"/> Common Areas  | <input type="checkbox"/> Gym       | <input type="checkbox"/> Library   |
| <input type="checkbox"/> Other: _____  |                                    |                                    |

**Problem Behavior:**

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Disruptive Noises                        | <input type="checkbox"/> Dress Code              | <input type="checkbox"/> Technology Violation                     | <input type="checkbox"/> Lying/Cheating |
| <input type="checkbox"/> Inappropriate language                   | <input type="checkbox"/> Destruction of Property | <input type="checkbox"/> Drugs/Alcohol                            | <input type="checkbox"/> PDA            |
| <input type="checkbox"/> Weapon                                   | <input type="checkbox"/> Tobacco                 | <input type="checkbox"/> Refusal to Comply w/Teacher's Directions |   |
| <input type="checkbox"/> Verbal Aggression (toward Student/Staff) |  | <input type="checkbox"/> Physical Aggression                      |   |
| <input type="checkbox"/> Other : _____                            |  |   |   |

**Description of the Problem Behavior:**

**Referring Teacher's Signature:** \_\_\_\_\_

**Others Involved:**

- |                                     |  |                                       |   |
|-------------------------------------|--|---------------------------------------|---|
| <input type="checkbox"/> None       | <input type="checkbox"/> Other Student/s | <input type="checkbox"/> Teacher      | <input type="checkbox"/> Other Staff Member |
| <input type="checkbox"/> Substitute | <input type="checkbox"/> Unknown         | <input type="checkbox"/> Other: _____ |   |

**Administrative Decision:** \_\_\_\_\_ Minor Incident \_\_\_\_\_ Major Incident

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Time in Office           | <input type="checkbox"/> Parent Contact  | <input type="checkbox"/> Loss of Privileges     |
| <input type="checkbox"/> Conference w/ Student    | <input type="checkbox"/> Lunch Detention | <input type="checkbox"/> After School Detention |
| <input type="checkbox"/> Out of School Suspension | <input type="checkbox"/> Friday School   |   |
| <input type="checkbox"/> Other: _____             |  |   |

**Consequence Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_ **for** \_\_\_\_\_ **Days.**