

Behavioral Referral Form

Student's Name: _____

Location:

Date: _____ **Time:** _____

Teacher: _____

Grade: K 1 2 3 4 5 6 7 8 9 10 11 12

Referring Staff: _____

- Playground
- Cafeteria
- Hallway
- Classroom

- Library
- Bathroom
- Using Technology
- Commons

- On Activity
- Bus
- Parking Lot

Minor Problem Behaviors	Major Problem Behavior	Possible Motivation
<ul style="list-style-type: none"> <input type="checkbox"/> Inappropriate <input type="checkbox"/> Language <input type="checkbox"/> Physical Contact <input type="checkbox"/> Defiance <input type="checkbox"/> Disruption <input type="checkbox"/> Dress Code <input type="checkbox"/> Property Misuse <input type="checkbox"/> Electronic Violation <input type="checkbox"/> Tardy <input type="checkbox"/> Other _____ 	<ul style="list-style-type: none"> <input type="checkbox"/> Abusive Language <input type="checkbox"/> Fighting/Physical <input type="checkbox"/> Aggression <input type="checkbox"/> Overt Defiance <input type="checkbox"/> Harassment/Bullying <input type="checkbox"/> Lying/Cheating <input type="checkbox"/> Inappropriate Display of Affection <input type="checkbox"/> Skipping Class <input type="checkbox"/> Electronic Violation <input type="checkbox"/> Other _____ 	<ul style="list-style-type: none"> <input type="checkbox"/> Obtain Peer Attention <input type="checkbox"/> Obtain Adult Attention <input type="checkbox"/> Obtain Items/Activities <input type="checkbox"/> Avoid Peers <input type="checkbox"/> Avoid Adult <input type="checkbox"/> Avoid Task or Activity <input type="checkbox"/> Don't Know <input type="checkbox"/> Other _____

Administrative Decision	
<ul style="list-style-type: none"> <input type="checkbox"/> Loss of Privilege <input type="checkbox"/> Time in Office <input type="checkbox"/> Conference with Student <input type="checkbox"/> Parent Contact 	<ul style="list-style-type: none"> <input type="checkbox"/> Individualized instruction <input type="checkbox"/> In-School Suspension (___ hours/ ___ days) <input type="checkbox"/> Out of School Suspension (___ days) <input type="checkbox"/> Other _____
Administrative Signature _____	

Others involved in incident: None Peers Staff Teacher Substitute
 Unknown Other

Other Comments: _____

I need to speak with the student's teacher. I need to speak with an administrator.

Follow up Agreement

Name: _____ Date: _____

**All minors are filed with classroom teacher. Three minors equal a major.
 All majors are to be sent to the office with a referral form.**

1. What rule(s) did you break?
 Be Safe Be Motivated Be an Achiever Be Respectful Work as a Team
2. What will you do differently next time?

Student's Signature: _____

Date: _____

Parent's Signature: _____

Date: _____

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