

Office Discipline Referral Form

Student: _____ Grade: _____ Staff: _____ Date: _____ Time: _____

Location:

Classroom	Cafeteria	Classroom Bathroom	Hallway Bathroom
Library	Hallway	Bus Loading Zone	Cafeteria
Playground	Gym	Field trip/Special Event	LGI
Computer Lab			

MINOR

Disrespect/Defiance/Non-Compliance
 Disruption
 Inappropriate Language
 Physical Contact/Aggression
 Property Misuse
 Other

MAJOR

Vandalism/Arson
 Bullying
 Repeated Minor Offenses
 Physical Aggression/Fighting
 Inappropriate Display of Affection
 Other (Out of Bounds/Weaponry/Theft)

Possible Motivation:

Obtain peer attention	Obtain item/activities	Obtain adult attention
Avoid peer attention	Avoid task activities	Avoid adult attention
Other		

Others Involved:

No One	Peers	Teacher
Staff	Substitute	Other

Restraint/Seclusion:

None	Restraint	Seclusion	Restraint and Seclusion
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Actions Taken: Proactive

Safe Spot	Behavior Interventionist
Motor Break	Individualized Behavior Plan
Break Room	Reach for the Stars
Sensory Room	Sensory Trail
Conscious Discipline (STAR, Pretzel, Balloon, Drain)	

Actions Taken:

Time Out	Confer with Student
Loss of Privileges	Restitution
Parent Contact	
Out of school/Suspension	_____ days

Notes:

