

Beattie Elementary Referral Form

Name: _____ Grade Level: _____ Date: _____ Time: _____

Subject: _____ Homestation Teacher: _____ Reporting Staff: _____

Location

- | | |
|--|--|
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Restroom |
| <input type="checkbox"/> Playground | <input type="checkbox"/> Library |
| <input type="checkbox"/> Coat rack | <input type="checkbox"/> Arrival/Dismissal |
| <input type="checkbox"/> Hallway | <input type="checkbox"/> Transitions |
| <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Specials |
| <input type="checkbox"/> Special Event/Assembly/Field trip | <input type="checkbox"/> Other: _____ |

Possible Motivation

- | | |
|--|--|
| <input type="checkbox"/> Obtain peer attention | <input type="checkbox"/> Avoid peers |
| <input type="checkbox"/> Obtain adult attention | <input type="checkbox"/> Avoid adults |
| <input type="checkbox"/> Obtain items/activities | <input type="checkbox"/> Avoid tasks/situation |

Minor Problem Behavior	Major Problem Behavior	Staff/Administrative Response
<input type="checkbox"/> Inappropriate language/Gestures <input type="checkbox"/> Physical contact/Physical aggression <input type="checkbox"/> Disrespect/Defiance/Non-compliance <input type="checkbox"/> Disruption to learning <input type="checkbox"/> Property misuse/Damage <input type="checkbox"/> Dress code violation <input type="checkbox"/> Technology violation <input type="checkbox"/> Willful Delay (Tardy) <input type="checkbox"/> Harassment/Bullying <input type="checkbox"/> Lying/Cheating <input type="checkbox"/> Theft <input type="checkbox"/> Other: _____	<input type="checkbox"/> Abusive language/Profanity <input type="checkbox"/> Fighting/Physical aggression <input type="checkbox"/> Defiance/Disrespect/Insubordination/Non-compliance <input type="checkbox"/> Lying/Cheating <input type="checkbox"/> Harassment/Bullying <input type="checkbox"/> Disruption <input type="checkbox"/> Tardy <input type="checkbox"/> Skipping class/Truancy <input type="checkbox"/> Property damage/Vandalism <input type="checkbox"/> Forgery/Theft <input type="checkbox"/> Dress code violation <input type="checkbox"/> Technology violation <input type="checkbox"/> Inappropriate affection <input type="checkbox"/> Out of bounds <input type="checkbox"/> Gang behavior <input type="checkbox"/> Alcohol/Drugs/Tobacco <input type="checkbox"/> Weapons <input type="checkbox"/> Other: _____	<input type="checkbox"/> Think Time <input type="checkbox"/> Away from situation <input type="checkbox"/> With counselor <input type="checkbox"/> With principal <input type="checkbox"/> Loss of privilege <input type="checkbox"/> Classroom activities <input type="checkbox"/> Recess time <input type="checkbox"/> Special activities <input type="checkbox"/> Conference with student <input type="checkbox"/> With teacher <input type="checkbox"/> With counselor <input type="checkbox"/> With principal <input type="checkbox"/> Other: _____ <input type="checkbox"/> Parent/Guardian phone call or email <input type="checkbox"/> Reflective Writing <input type="checkbox"/> Restitution <input type="checkbox"/> In-school suspension _____ ½ days <input type="checkbox"/> Out-of-school suspension _____ ½ days <input type="checkbox"/> After school detention

Others involved: None Peers Staff Teacher Substitute Unknown Other: _____

Description of Incident: _____

white copy – SWIS * yellow copy – homestation teacher pink copy – parent

* Please return signed yellow copy to school

Parent/Guardian Signature

Student Signature