

Major Consequence Office Discipline Referral

Name:	Grade:
Homeroom Teacher:	Referring Staff:
Date:	Time:

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Location:	<input type="checkbox"/> Arrival/Dismissal <input type="checkbox"/> Bus <input type="checkbox"/> Cafeteria <input type="checkbox"/> Classroom <input type="checkbox"/> Hallway <input type="checkbox"/> Library/ Media Center <input type="checkbox"/> Recess <input type="checkbox"/> Restroom <input type="checkbox"/> Technology <input type="checkbox"/> Other
BEAR Expectation	<input type="checkbox"/> B e Responsible <input type="checkbox"/> E ncourage Kindness <input type="checkbox"/> A ct Respectfully <input type="checkbox"/> R emember Self-Control

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Problem Behavior	Possible Motivators	Administrative Decision
<input type="checkbox"/> Abusive Language <input type="checkbox"/> Bullying <input type="checkbox"/> Defiance <input type="checkbox"/> Disruptive Behavior <input type="checkbox"/> Fighting <input type="checkbox"/> Harassment <input type="checkbox"/> Physical Aggression <input type="checkbox"/> Other	<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 Adults <input type="checkbox"/> Avoid Tasks/Activities <input type="checkbox"/> Other	<input type="checkbox"/> Conference with Student <input type="checkbox"/> Detention <input type="checkbox"/> Loss of Privilege(s) <input type="checkbox"/> Suspension <input type="checkbox"/> In-School <input type="checkbox"/> Out-of-School <input type="checkbox"/> Time in the Office <input type="checkbox"/> Other

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Others involved in the incident: Peers Staff Substitute Teacher Other

Comments: _____

Parent Contact Made By: _____ Left Message: Y N

Date/Time: _____

White Copy: Office
 Yellow Copy: Student
 Pink Copy: Teacher

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