



K-8 Office Discipline Referral

* Be Safe * Be Respectful * Be Responsible * Be Compassionate

Student Name:	Grade:	Date:	Time:
Referral Made By:		Classroom Teacher:	

Incident Location:

<input type="checkbox"/> Classroom	<input type="checkbox"/> Hallway	<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Restroom	<input type="checkbox"/> Grounds	<input type="checkbox"/> Playground	<input type="checkbox"/> Special Event/Assembly
<input type="checkbox"/> Bus Loading Zone		<input type="checkbox"/> Other				

Description of Incident by referring staff member:

Steps Tried:

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Possible Motivation(s):

<input type="checkbox"/> Avoid Adult	<input type="checkbox"/> Avoid Peers	<input type="checkbox"/> Avoid Tasks/Activities	<input type="checkbox"/> Obtain Adult Attention
<input type="checkbox"/> Obtain Items/Activities	<input type="checkbox"/> Obtain Peer Attention		

Others Involved:

<input type="checkbox"/> None	<input type="checkbox"/> Peers	<input type="checkbox"/> Other Staff Present:
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COMPLETED BY OFFICE**Student Perspective:**

<input type="checkbox"/> Agree with Description	<input type="checkbox"/> Disagree with Description
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Student Comment / Plan of Action:

Principal's Comment:

Check Action Taken:

<input type="checkbox"/> Activity Suspension	<input type="checkbox"/> Confiscated Item
<input type="checkbox"/> Conference w/Teacher	<input type="checkbox"/> Counseled
<input type="checkbox"/> Detention	<input type="checkbox"/> Drop/Transfer
<input type="checkbox"/> In-School Lunch	<input type="checkbox"/> In School Suspension
<input type="checkbox"/> Learning Lab	<input type="checkbox"/> Out of School Suspension
<input type="checkbox"/> Parent Conference	<input type="checkbox"/> Parent Notice
<input type="checkbox"/> PM School	<input type="checkbox"/> Referred to Authorities
<input type="checkbox"/> Restitution	<input type="checkbox"/> Time Out
<input type="checkbox"/> Warning	<input type="checkbox"/> Other:

Action Date _____ Duration of Days _____ Action End Date _____

Notice to Parents/Guardians:

The student office referral is a notification to make you aware that your child was referred to the school office by one of our school adults for a major infraction. Classroom teachers will communicate with families for most minor infractions. The principal will communicate with families directly for infractions of a serious nature.

Problem Behavior:

(as defined by the State of Iowa)

- Abusive or Inappropriate Language/Profanity
- Alcohol Related
- Arson
- Bomb Threat
- Bullying
- Combustible Related
- Defiance, Insubordination, or non-compliance
- Disrespect
- Disruption
- Dress Code Violation
- Drug Related
- Forgery/Plagiarism
- Gang Affiliation Display
- Harassment
- Inappropriate Display of Affection
- Inappropriate Location
- Lying/Cheating
- Physical Aggression with Injury
- Physical Aggression with Serious Bodily Injury
- Physical Aggression without Injury
- Physical Fighting with Injury
- Physical Fighting with Serious Bodily Injury
- Physical Fighting without Injury
- Property Damage/Vandalism
- Skip Class
- Special Education ALJ Decision
- Tardy
- Technology Violation
- Theft
- Tobacco Related
- Truancy
- Weapon Related
- Other: _____

White copy-Office

Yellow copy-Parent

Pink copy-Teacher