

# Office Discipline Referral – MAJOR

Revised 2/3/2021

Student's name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Referred by: \_\_\_\_\_ Homeroom: \_\_\_\_\_  
Date: \_\_\_\_\_ Location \_\_\_\_\_ Time: \_\_\_\_\_

<b>Not Being Respectful</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Gross disrespect</li><li><input type="checkbox"/> Stealing / Theft / Forgery</li><li><input type="checkbox"/> Cheating/Lying</li><li><input type="checkbox"/> Defiance of authority</li><li><input type="checkbox"/> Vandalism</li><li><input type="checkbox"/> Profanity</li><li><input type="checkbox"/> Severe disruption</li><li><input type="checkbox"/> Other _____</li></ul>	<b>Not Being Safe</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Fighting / Aggressive behavior<ul style="list-style-type: none"><li><input type="checkbox"/> Aggressor</li><li><input type="checkbox"/> Responding to aggression</li><li><input type="checkbox"/> Fighting</li></ul></li><li><input type="checkbox"/> Play Fighting</li><li><input type="checkbox"/> Physical harassment / bullying</li><li><input type="checkbox"/> Weapon / Throwing Objects</li><li><input type="checkbox"/> Inappropriate location / Out of bounds</li><li><input type="checkbox"/> Other _____</li></ul>
<b>Not Being Here and Ready</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Persistent tardiness</li><li><input type="checkbox"/> Other _____</li></ul>	<b>Not Being Caring</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Verbal harassment / bullying</li><li><input type="checkbox"/> Other _____</li></ul>

<b>Possible Motivation</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Avoid adults</li><li><input type="checkbox"/> Avoid peers</li><li><input type="checkbox"/> Avoid tasks / activity</li><li><input type="checkbox"/> Obtain item / activity</li><li><input type="checkbox"/> Obtain adult attention</li><li><input type="checkbox"/> Obtain peer attention</li><li><input type="checkbox"/> Other _____</li><li><input type="checkbox"/> Unknown</li></ul>
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<b>Administrative Response</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Conference w/student Brainstorm replacement behavior</li><li><input type="checkbox"/> Time in office</li><li><input type="checkbox"/> Contact home / meeting</li><li><input type="checkbox"/> Loss of privilege _____</li><li><input type="checkbox"/> In school suspension</li><li><input type="checkbox"/> Out of school suspension</li><li><input type="checkbox"/> Other _____</li></ul>
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<b>Others involved:</b> <ul style="list-style-type: none"><li><input type="checkbox"/> none</li><li><input type="checkbox"/> peers</li><li><input type="checkbox"/> teacher</li><li><input type="checkbox"/> staff</li><li><input type="checkbox"/> sub</li></ul>
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<b>Comments:</b>     
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**Sign and Return**  
Parent / guardian signature \_\_\_\_\_

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- Other \_\_\_\_\_
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**Administrative Response**

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Brainstorm replacement behavior
- Time in office
- Contact home / meeting
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- In school suspension
- Out of school suspension
- Other \_\_\_\_\_

**Others involved:**

<input type="checkbox"/> none	<input type="checkbox"/> staff
<input type="checkbox"/> peers	<input type="checkbox"/> sub
<input type="checkbox"/> teacher	

**Comments:**

  
  
  
  

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