

Example A (Comprehensive)

SWIS Office Discipline Referral Form									
Student _____	_____	Grade _____	_____	Staff _____	_____	Date _____	_____	Time _____	_____
Location									
Classroom		Cafeteria		Restroom A B C		Library			
Hallway East West		Bus Loading Zone		Common areas		Special Event/Field Trip			
Playground		Gym		Other: _____					
Problem Behaviors Circle the most intrusive. Check one to three secondary behaviors if applicable.									
MINOR			MAJOR						
Defiance/ disrespect/ non-compliance		Defiance/ insubordination/ non-compliance		Bullying		Tobacco			
Disruption		Disrespect		Fighting		Drugs			
Physical contact		Physical aggression		Inappropriate location/ out of bounds area		Weapons			
Tardy		Disruption		Truancy		Knife : < 6"			
Inappropriate lang.		Abusive lang./ inappr. lang./ profanity		Forgery/ theft/ plagiarism		Knife : > 6"			
Property misuse						gun			
Dress code		Tardy		Technology violation		other: _____			
Technology		Skipping		Property damage		Gang Display			
Other: _____		Harassment		Lying/ cheating		Bomb threat/ false alarm			
		disability race		Dress code		Arson			
		ethnicity religion		Inappropriate display of affection					
		gender sexual		Other: _____					
		physical other							
Possible Motivation									
Obtain Peer Attention		Obtain Items/ activities		Obtain Adult Attention		Other			
Avoid Peer Attention		Avoid Tasks/ activities		Avoid Adult Attention		Unknown			
Others involved:									
No One	Peers	Teacher	Staff	Substitute	Unknown	Other: _____			
Restraint/ Seclusion:		None		Restraint		Seclusion		Restraint & Seclusion	
Action(s) Taken Circle the most severe. Check one to three secondary behaviors, if applicable.									
Time out/ detention		Out-of-sch. Susp. ____ days		Additional attendance		Expulsion ____ days			
Confer. w/ student		Parent contact		Bus suspension		Alternative Placement			
In-sch. susp. ____ days		Time in office		Restitution		Action Pending			
Loss of privileges		Individual instruction		Community service		Other: _____			
Notes									

Example B (Simple)

Office Referral Form

Name: _____ Date: _____ Time: _____ Teacher: _____ Grade: K 1 2 3 4 5 Referring Staff: _____	Location Classroom Hallway Playground Cafeteria Bathroom Library Other _____
--	--

Minor Problem Behavior	Major Problem Behavior	Possible Motivation
Defiance Disrespect Physical Contact Tardy Inappropriate Language Property Misues Dress Code Electronic Violation Other _____	Defiance Disrespect Abusive Language Harassment Fighting Electronic Violation Property Damage Lying/ Cheating Dress Code Inappropriate Display of Affection Other _____	Get: Peer Attention Adult Attention Item/Activity Avoid Peer Attention Adult Attention Item/Activity

Action Taken	
Time Out/Detention Conference with Student Loss of Privileges Parent Contact Individualized Instruction	In-School Suspension (____hours/days) Out-of-School Suspension (____hours/days) Action Pending Other _____

Others involved in incident:	None Teacher Substitute Unknown Peers Staff Other _____
-------------------------------------	---

Other Comments: _____

I need to talk to the students' teacher

I need to talk to the administrator

Parent Signature: _____

Date: _____

Example C (Simple with Follow-up)
Major Office Discipline Referral Form

Name:		Grade:		Date:		
Referring Staff:		Time of incident:				
Others involved:	No One	Peers	Teacher	Staff	Substitute	Unknown

Check 1-2 behaviors as applicable. Circle the primary behavior.

Major Problem Behavior:	Location:	Perceived Motivation
Defiance/Disrespect	Classrooms	Attention from peers
Physical Aggression	Hall	Attention from adults
Disruption	Playground	Obtain item/activity
Abusive Language	Cafeteria	Avoid peers
Tardy	Bathroom	Avoid adults
Harassment	Bus Loading Zone	Avoid work/activity
Fighting	Commons	<i>Don't know</i>
Electronic Violation	<i>Don't know</i>	<i>Other:</i> _____
Dress Code	<i>Other:</i> _____	
<i>Other:</i> _____		

**Please avoid using "don't know" or "other" whenever possible. Thanks. ~PBIS Team*

Action(s) Taken:			
Time Out/Detention	Conference w/ student	In-School Susp. ____ days	
Loss of Privilege(s): _____		Out-of-School Susp. ____ days	
Parent Contact	Other: _____		

What happened?	

Follow up Agreement

Name:		Date:	
1. What rule(s) did you break? (Circle)	Be Safe	Be Respectful	Be Responsible
2. What will you do differently next time? (Continue on back as needed)			
Student Signature:		Adult Signature:	