



**OFFICE REFERRAL**  
**SABAL PALM ELEMENTARY**  
 4095 18<sup>th</sup> Ave NE  
 Naples, FL 34120  
 (239) 377-8200 (239) 377-8201 fax



_____	_____	_____	_____
Student Name	Student Number	Grade	Date/Time
<b>LOCATION</b>			
<input type="checkbox"/> Classroom <input type="checkbox"/> Library <input type="checkbox"/> Cafeteria <input type="checkbox"/> Restroom <input type="checkbox"/> Hallway <input type="checkbox"/> Playground <input type="checkbox"/> Music <input type="checkbox"/> Art <input type="checkbox"/> P.E. <input type="checkbox"/> Tech. <input type="checkbox"/> Other			
_____ Referring Staff			

<p align="center"><b><u>MINOR INCIDENCES</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Inappropriate Language (Respect)</li> <li><input type="checkbox"/> Defiance/Non-Compliance (Respect)</li> <li><input type="checkbox"/> Disruption (Self-Discipline)</li> <li><input type="checkbox"/> Tardiness (Self-Discipline)</li> <li><input type="checkbox"/> Dishonesty (Honesty)</li> <li><input type="checkbox"/> Dress Code Violation</li> <li><input type="checkbox"/> Other: _____</li> </ul> <p><small>** 3 minor incidences constitute an office referral. (Please attach minor reports)</small></p>	<p align="center"><b><u>MAJOR INCIDENCES</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Abusive Behavior / Language (Respect)</li> <li><input type="checkbox"/> Fighting / Physical Contact (Self-Discipline)</li> <li><input type="checkbox"/> Insubordination / Non-Compliance (Respect)</li> <li><input type="checkbox"/> Harassment / Bullying (Kindness)</li> <li><input type="checkbox"/> Vandalism / Property misuse (Respect)</li> <li><input type="checkbox"/> Theft / Forgery (Honesty)</li> <li><input type="checkbox"/> Dishonesty / Cheating (Honesty)</li> <li><input type="checkbox"/> Weapons</li> <li><input type="checkbox"/> Other</li> </ul>
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DESCRIPTION OF INCIDENT:

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<p align="center"><b><u>POSSIBLE MOTIVATION</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Obtain Peer Attention</li> <li><input type="checkbox"/> Obtain Adult Attention</li> <li><input type="checkbox"/> Avoid Tasks / Activities</li> <li><input type="checkbox"/> Avoid Peers</li> <li><input type="checkbox"/> Avoid Adults</li> <li><input type="checkbox"/> Not Sure</li> <li><input type="checkbox"/> Other _____</li> </ul>	<p align="center"><b><u>OTHERS INVOLVED</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> None</li> <li><input type="checkbox"/> Peers</li> <li><input type="checkbox"/> Staff / Teacher</li> <li><input type="checkbox"/> Substitute</li> <li><input type="checkbox"/> Unknown</li> <li><input type="checkbox"/> Other _____</li> </ul>	<p align="center"><b><u>PRIOR TEACHER ACTIONS</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Verbal Warnings</li> <li><input type="checkbox"/> Time Out</li> <li><input type="checkbox"/> Peer Mediation</li> <li><input type="checkbox"/> Parent Phoned</li> <li><input type="checkbox"/> Parent Conference</li> <li><input type="checkbox"/> Prior Office Referral</li> <li><input type="checkbox"/> Other _____</li> </ul>
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PARENT COMMENTS:

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<p><b><u>ADMINISTRATIVE ACTIONS</u></b> (Office Use Only)</p>	
<ul style="list-style-type: none"> <li><input type="checkbox"/> Conference with Student</li> <li><input type="checkbox"/> Parent Conference ___ Phone ___ Person: Date( ___ / ___ / ___ )</li> <li><input type="checkbox"/> Lunch Detention Date(s) _____</li> <li><input type="checkbox"/> Office Time Out</li> <li><input type="checkbox"/> Referral to Youth Relations Deputy</li> <li><input type="checkbox"/> Extra Assignment / Apology Letter</li> <li><input type="checkbox"/> ISS for _____ days Date(s)/Times _____</li> <li><input type="checkbox"/> OSS ___ Days: Dates _____</li> <li><input type="checkbox"/> Loss of Privilege</li> <li><input type="checkbox"/> Other _____</li> </ul>	<p>_____</p> <p align="center">Student Signature</p> <p>_____</p> <p align="center">Parent / Guardian Signature</p> <p>_____</p> <p align="center">Administrator Signature</p>