NAME: ________________________________________

DATE: _______________ TIME: ________________

TEACHER: ___________ GRADE: ____________

REFERRING STAFF: __________________________

### LOCATION
- Office
- Bathroom/Restroom
- Cafeteria
- Ext. Day/Media Center
- Field Trip
- Special Event
- Related Arts
- Hallway
- Assembly
- Bus Zone
- Dismissal
- Playground
- Classroom
- On Bus #___
- Arrival
- Other ____________

### PROBLEM BEHAVIOR
- Check one ✓
  - Abusive language/inappropriate language/ profanity
  - Defiance/disrespect/insubordination/non-compliance
  - Disruption
  - Fighting/physical aggression
  - Harassment/tease/taunt
  - Lying/cheating
  - Vandalism/property damage
  - Weapons or drugs
  - Other ____________

### POSSIBLE MOTIVATION
- Check one ✓
  - Obtain peer attention
  - Obtain adult attention
  - Obtain items/activity
  - Avoid peer(s)
  - Avoid adult
  - Avoid task or activity
  - Don’t Know
  - Other ____________

### ADMINISTRATIVE DECISION
- This will be checked by Administration.
  - Individualized instruction/behavior plan
  - Conference with student
  - Parent contact
  - Time in office
  - Loss of privilege
    - Lunch detention
    - Recess detention
  - After School detention
  - In-School Suspension
  - Out-of-School Suspension
  - Other ____________

Reason for Referral: __________________________________________

OTHERS INVOLVED:  
- none
- peers
- staff
- unknown
- teacher
- substitute
- other ____________

If suspended, for ________ days beginning ____________ through ____________

Beginning date: ____________________ Last day of suspension

9 Parent conference is requested. Please call 219-1555.

ADMINISTRATOR SIGNATURE AND DATE: ______________________________________

PARENT SIGNATURE AND RETURN TO SCHOOL IS REQUIRED TOMORROW.

PARENT/GUARDIAN SIGNATURE: ___________________________________________ DATE: __________