Office Discipline Referral Form

School Year:		School:		Name:		Student ID:	
Grade Level:		Track:		Date:		Time:	
IEP:	○ Yes ○ No	DOB:		Referring Staff:		Position:	
Ethnicity:				SLC Code:		Responder	

Referral Submission

Location:

☐ Auditorium/MPR ☐ Cafeteria ☐ Classroom ☐ Gym ☐ Hallway ☐ Library ☐ PE Area ☐ Playground ☐ Quad ☐ Restroom ☐ Other

Problem Behavior (Additional action/forms may be required):

☐ Abusive Language	☐ Battery	☐ Brandishing of a dangerous object	☐ Bullying/Hazing
☐ Cheating/Forgery/Lying	☐ Defiance	☐ Disruption	☐ Extortion
☐ Fighting	☐ Harassment	☐ Inappropriate Sexual Behavior	☐ Misuse of Electronic Device
☐ Physical Aggression	☐ Possession of Alcohol	☐ Possession of Dangerous Object	☐ Possession of Drugs
☐ Possession of Firearm	☐ Property Damage/Vandalism	☐ Robbery	☐ Selling Drugs
☐ Sexual Assault/Battery	☐ Sexual Harassment	☐ Terroristic Threat	☐ Theft
☐ Threat			

Others Directly Involved:

☐ Administrator ☐ Peers ☐ Staff ☐ Substitute ☐ Teacher ☐ Unknown ☐ Volunteer ☐ None ☐ Other

Possible Motivation:

☐ Avoid Activitiy ☐ Avoid Adult ☐ Avoid Peers ☐ Avoid Task ☐ Get Peer Attention ☐ Obtain Activities ☐ Obtain Items ☐ Don't Know

Interventions Prior to Office Discipline Referral:

☐ Counseling by Community Agency	☐ Counseling by Counselor	☐ Counseling by School Psych	☐ Detention
☐ Parent Conference	☐ Parent Contact	☐ Seat Change	☐ Social-skills Instruction
☐ Teacher-Student Conference	☐ Time-Out	☐ Don't Know	☐ None
☐ Other			

Other Comments:

Administrative Response

Administrative Decision:

☐ Behavior Contract	☐ Behavior Support Plan	☐ Campus Beautification* Length of Consequence
☐ Conference with student	☐ Detention* Length of Consequence	☐ In-School suspension* Length of Consequence
☐ Individualized instruction (intervention)	☐ Loss of Privilege* Length of Consequence	☐ Mentoring
☐ Out of school suspension* Length of Consequence	☐ Parent Conference	☐ Parent Contact
☐ Peer Mediation	☐ Referral to agency for counseling	☐ Referral to in-school for counseling
☐ Saturday School* Length of Consequence	☐ Time in office* Length of Consequence	☐ Other

If student has multiple referrals, referred to:

☐ Coordination of Services Team (COST)	☐ Discipline Review Team (DRT)	☐ School Attendance Review Board (SARB)
☐ School Attendance Review Team (SART)	☐ Student Success Team (SST)	☐ Other

Summarize Student Debrief/Recommendations: