

## Centreville Elementary School Office Referral

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

Teacher: \_\_\_\_\_ Referring Staff: \_\_\_\_\_ Time: \_\_\_\_\_

<b>Location of Incident:</b> ___ Classroom and Subject Area _____ ___ Playground    ___ Cafeteria    ___ Bus    ___ Restroom    ___ Transition/Hallway		
<b>Problem Behavior</b>	<b>Teacher Action(s)</b>	<b>Administrative Action(s)</b>
<input type="checkbox"/> Endangering Others <input type="checkbox"/> Bullying or Harassment (please refer to the SR&R for the definitions ) <input type="checkbox"/> Improper Touching <input type="checkbox"/> Leaving classroom/school <input type="checkbox"/> Property Destruction <input type="checkbox"/> Pushing/Shoving (major) <input type="checkbox"/> Stealing/Theft (major) <input type="checkbox"/> Threats or verbal outburst <input type="checkbox"/> Vandalism <input type="checkbox"/> Verbal/Physical Assault	<input type="checkbox"/> Reminding language to reteach appropriate behavior <input type="checkbox"/> Redirecting language <input type="checkbox"/> Take a break <input type="checkbox"/> Loss of membership <input type="checkbox"/> Solution-Seeking Conference <input type="checkbox"/> Parent Contact <input type="checkbox"/> Referral to counselor, school psychologist or social worker  <input type="checkbox"/> Other: _____	<input type="checkbox"/> Conference with student <input type="checkbox"/> Loss of privilege <input type="checkbox"/> Behavior contract <input type="checkbox"/> Community service <input type="checkbox"/> Parent contact <input type="checkbox"/> Suspension <u>Comments:</u>  
<b>Others Involved:</b> <input type="checkbox"/> Peers <input type="checkbox"/> Teacher <input type="checkbox"/> Staff <input type="checkbox"/> Substitute <input type="checkbox"/> None	<u>Brief Description of Incident if Needed:</u>  	
<b>Possible Motivation:</b> <input type="checkbox"/> Obtain peer attention <input type="checkbox"/> Obtain adult attention <input type="checkbox"/> Obtain activity/item <input type="checkbox"/> Avoid peer(s) <input type="checkbox"/> Avoid adult(s) <input type="checkbox"/> Avoid task/activity <input type="checkbox"/> Other _____		

Follow up: