

AMS OFFICE DISCIPLINE REFERRAL FORM

Student: _____	Grade: _____
Referring Staff: _____	Date: _____
<input type="checkbox"/> IEP <input type="checkbox"/> 504 <input type="checkbox"/> Other _____ (check one) CICO <input type="checkbox"/> YES <input type="checkbox"/> NO	Time: _____
Entered into SWISS <input type="checkbox"/>	

Location:

<input type="checkbox"/> Classroom	<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Gym	<input type="checkbox"/> Bus Loading Zone
<input type="checkbox"/> Hallway	<input type="checkbox"/> Bathroom	<input type="checkbox"/> Special Event	<input type="checkbox"/> Bus
<input type="checkbox"/> Playground/Recess	<input type="checkbox"/> Locker Room	<input type="checkbox"/> LMC	<input type="checkbox"/> Other: _____

CHRONIC MINOR BEHAVIORS: <input type="checkbox"/> Inappropriate language/Comments <input type="checkbox"/> Defiance/Disrespect/Non-compliance <input type="checkbox"/> Disruptions/Instruction stoppers <input type="checkbox"/> Property misuse <input type="checkbox"/> Lying/Cheating <input type="checkbox"/> Dress code violation that can be fixed <input type="checkbox"/> Technology Violation/Electronics misuse <input type="checkbox"/> Tardy <input type="checkbox"/> Harassment/Bullying/ Derogatory comments	TEACHER ACTIONS: (Prior to Office Referral) <input type="checkbox"/> Re-taught behavior <input type="checkbox"/> Reinforced positive behavior <input type="checkbox"/> Provided replacement behavior <input type="checkbox"/> Had a conference with student <input type="checkbox"/> Parent contacted <input type="checkbox"/> Developed action plan <input type="checkbox"/> Time out <input type="checkbox"/> Removed student from class <input type="checkbox"/> Scheduled detention with teacher <input type="checkbox"/> Harassment Report filled out <input type="checkbox"/> Other: _____	MAJOR BEHAVIORS: (Office Referral) <input type="checkbox"/> Abusive/Inappropriate lang. /Profanity <input type="checkbox"/> Fighting/Physical aggression <input type="checkbox"/> Defiance/Disrespect/Non-compliance <input type="checkbox"/> Lying/Cheating/Plagiarism <input type="checkbox"/> Harassment/Bullying <input type="checkbox"/> Disruptions/Instruction stoppers <input type="checkbox"/> Tardy/Skipping/Truancy <input type="checkbox"/> Equipment/Prop. damage/Vandalism <input type="checkbox"/> Forgery /Theft <input type="checkbox"/> Dress code violation <input type="checkbox"/> Technology violation/Electronics misuse <input type="checkbox"/> Inappropriate display of affection <input type="checkbox"/> Use/Possession of tobacco, alcohol, drugs , combustibles <input type="checkbox"/> False alarm/bomb threat/arson <input type="checkbox"/> Possession or use of weapons <input type="checkbox"/> Other _____
<p>*3 minors of the same offense equal a major and administrative consequence.</p>		

Others Involved:

<input type="checkbox"/> None	<input type="checkbox"/> Staff	<input type="checkbox"/> Guest Teacher
<input type="checkbox"/> Peer	<input type="checkbox"/> Teacher	<input type="checkbox"/> Other: _____

Description:

Possible Motivation:

<input type="checkbox"/> Obtain peer attention	<input type="checkbox"/> Avoid task/activity	<input type="checkbox"/> Unknown
<input type="checkbox"/> Obtain adult attention	<input type="checkbox"/> Avoid peer(s)	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Obtain item/activity	<input type="checkbox"/> Avoid adult(s)	

Administrative Decision:

<input type="checkbox"/> Conference w/ student	<input type="checkbox"/> Loss of privilege	<input type="checkbox"/> In-school suspension
<input type="checkbox"/> Parent Contact _____	<input type="checkbox"/> Out-of-school suspension	<input type="checkbox"/> Bus suspension
<input type="checkbox"/> Detention _____	<input type="checkbox"/> Removal from class until conditions met	<input type="checkbox"/> Board expulsion
<input type="checkbox"/> Other _____		<input type="checkbox"/> Fix-it Agreement

Administrative Comments and/or Follow Up:
