Print Form

Secondary Referral Form

Name: _____
Date: _____ **Grade:**_____ **Time:** _____
Homeroom Teacher:_____
Referring Staff: _____
Bus Route #(if applicable): _____

Location

☐ Bus (3) ☐ Commons (7) ☐ Library (14) ☐ Office (16)
☐ Bus Loading Zone (4) ☐ Field Trip/Assembly (9) ☐ Outside (17)
☐ Cafeteria (5) ☐ Gym (10) ☐ Locker Room (13) ☐ Restroom (2)
☐ Classroom (6) ☐ Hallway(11) ☐ Off-campus (15) ☐ Other_____

Offense # ☐ **1** ☐ **2** ☐ **3** ☐ **4** ☐ **5**

Minor Problem Behavior	Major Problem Behavior		Possible Motivation
☐ Defiance/Non-compliance	☐ Abusive language (38)	☐ Alcohol (3)	☐ Avoid Adult (16)
☐ Disruption	☐ Disruption (12A)	☐ Drugs (16)	☐ Avoid Peer(s) (17)
☐ Dress Code	☐ Dress Code (14)	☐ Forgery (20)	☐ Avoid task or activity (13)
☐ Electronic Violation	☐ Electronic Violation (2A)	☐ Skipping (48)	☐ Obtain adult attention (14)
☐ Inappropriate language	☐ Fighting/Physical aggression (18)	☐ Tardy (51)	☐ Obtain items/ activities/control (15)
☐ Physical contact	☐ Fire/Weapons/Combustibles (71)	☐ Theft (59)	☐ Obtain peer attention (12)
☐ Property misuse	☐ Gang Related Behavior (93)	☐ Tobacco (60)	☐ Don't know (20)
☐ Tardy	☐ Harassment/Bullying (95)	☐ Truancy (65/67)	☐ Other _____
☐ Unknown	☐ Lying/Cheating (6)	☐ Vandalism (70)	
☐ Other _____	☐ Overt Defiance/Non-compliance (74)		
	☐ Public Display of Affection (45)		
	☐ Other _____		

Consequences

☐ Bus suspension (38)	☐ Redirection (25)	☐ In-school suspension (____hours/ days) (39)
☐ Conference with student (9)	☐ Parent contact	☐ Out of school suspension (_____ days) (35)
☐ Detention (13/13B)	☐ Restitution (28)	☐ Expulsion (16)
☐ Individualized instruction (51)	☐ Time in office (27)	☐ Other _____
☐ Loss of privileges (20)	☐ Time Out (50)	
☐ Mediation (21)	☐ Warning (53)	

Prior Teacher Action: ☐ Student Conference ☐ Parent Contact ☐ Changed student's seat ☐ Detained in class ☐ Counselor contact

Others involved in incident: ☐ None ☐ Peers ☐ Staff ☐ Teacher ☐ Substitute ☐ Unknown ☐ Other

Communication: Parent phone contact: ☐ yes ☐ Message ☐ Still Trying ☐ email Date_____ Time_____
Phone #_____ Who did you speak with: _____ ☐ Mother ☐ Father ☐ Voicemail
Other _____ Conference scheduled ☐ Yes ☐ No Date_____ Time_____

Student signature: _____ **Parent signature:** _____

Staff signature: _____

Follow up Agreement

Name: _____ **Date**: _____

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