

Example A (Comprehensive)

**SWIS Office Discipline Referral Form**

Student \_\_\_\_\_ Grade \_\_\_\_ Staff \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

**Location**

- Classroom                       Cafeteria                      Restroom A B C                       Library  
 Hallway  East  West                       Bus  Loading Zone                       Common areas                       Special Event/Field Trip  
 Playground                       Gym                       Other: \_\_\_\_\_

**Problem Behaviors** Circle the most intrusive. Check one to three secondary behaviors if applicable.

**MINOR**

**MAJOR**

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Defiance/ disrespect/<br>non-compliance | <input type="checkbox"/> Defiance/ insubordination/<br>non-compliance  | <input type="checkbox"/> Bullying   | <input type="checkbox"/> Tobacco                     |
| <input type="checkbox"/> Disruption                              | <input type="checkbox"/> Disrespect  | <input type="checkbox"/> Fighting   | <input type="checkbox"/> Drugs                       |
| <input type="checkbox"/> Physical contact                        | <input type="checkbox"/> Physical aggression   | <input type="checkbox"/> Inappropriate location/<br>out of bounds area          | Weapons<br><input type="checkbox"/> Knife : < 6"     |
| <input type="checkbox"/> Tardy                                   | <input type="checkbox"/> Disruption  | <input type="checkbox"/> Truancy  | <input type="checkbox"/> Knife : > 6"                |
| <input type="checkbox"/> Inappropriate lang.                     | <input type="checkbox"/> Abusive lang./ inappr.<br>lang./ profanity  | <input type="checkbox"/> Forgery/ theft/<br>plagiarism                          | <input type="checkbox"/> gun                         |
| <input type="checkbox"/> Property misuse                         |  |   | <input type="checkbox"/> other: _____                |
| <input type="checkbox"/> Dress code                              | <input type="checkbox"/> Tardy   | <input type="checkbox"/> Technology violation                                   |  |
| <input type="checkbox"/> Technology                              | <input type="checkbox"/> Skipping  | <input type="checkbox"/> Property damage  | <input type="checkbox"/> Gang Display                |
| <input type="checkbox"/> Other:<br>_____                         | Harassment<br><input type="checkbox"/> disability <input type="checkbox"/> race<br><input type="checkbox"/> ethnicity <input type="checkbox"/> religion<br><input type="checkbox"/> gender <input type="checkbox"/> sexual<br><input type="checkbox"/> physical <input type="checkbox"/> other | <input type="checkbox"/> Lying/ cheating<br><input type="checkbox"/> Dress code | <input type="checkbox"/> Bomb threat/<br>false alarm |
|  |  | <input type="checkbox"/> Inappropriate display of<br>affection                  | <input type="checkbox"/> Arson                       |
|  |  | <input type="checkbox"/> Other: _____   |  |

**Possible Motivation**

- |  |   |   |                                  |
|--|---|---|----------------------------------|
| <input type="checkbox"/> Obtain Peer Attention | <input type="checkbox"/> Obtain Items/ activities | <input type="checkbox"/> Obtain Adult Attention | <input type="checkbox"/> Other   |
| <input type="checkbox"/> Avoid Peer Attention  | <input type="checkbox"/> Avoid Tasks/ activities  | <input type="checkbox"/> Avoid Adult Attention  | <input type="checkbox"/> Unknown |

**Others involved:**

- No One    Peers    Teacher    Staff    Substitute    Unknown    Other: \_\_\_\_\_

**Restraint/ Seclusion:**

- None    Restraint    Seclusion    Restraint & Seclusion

**Action(s) Taken** Circle the most severe. Check one to three secondary behaviors, if applicable.

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Time out/ detention    | <input type="checkbox"/> Out-of-sch. Susp. ____days | <input type="checkbox"/> Additional attendance | <input type="checkbox"/> Expulsion ____days    |
| <input type="checkbox"/> Confer. w/ student     | <input type="checkbox"/> Parent contact             | <input type="checkbox"/> Bus suspension        | <input type="checkbox"/> Alternative Placement |
| <input type="checkbox"/> In-sch. susp. ____days | <input type="checkbox"/> Time in office             | <input type="checkbox"/> Restitution           | <input type="checkbox"/> Action Pending        |
| <input type="checkbox"/> Loss of privileges     | <input type="checkbox"/> Individual instruction     | <input type="checkbox"/> Community service     | <input type="checkbox"/> Other: _____          |

**Notes**

Example B (Simple)

**Office Referral Form**

Name: _____ Date: _____ Time: _____ Teacher: _____ Grade:        K     1     2     3     4     5 Referring Staff: _____	<p style="text-align: center;"><b>Location</b></p> <input type="checkbox"/> Classroom <input type="checkbox"/> Hallway <input type="checkbox"/> Playground <input type="checkbox"/> Cafeteria <input type="checkbox"/> Bathroom <input type="checkbox"/> Library <input type="checkbox"/> Other _____
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Minor Problem Behavior	Major Problem Behavior	Possible Motivation
<input type="checkbox"/> Defiance <input type="checkbox"/> Disrespect <input type="checkbox"/> Physical Contact <input type="checkbox"/> Tardy <input type="checkbox"/> Inappropriate Language <input type="checkbox"/> Property Misues <input type="checkbox"/> Dress Code <input type="checkbox"/> Electronic Violation <input type="checkbox"/> Other _____	<input type="checkbox"/> Defiance <input type="checkbox"/> Disrespect <input type="checkbox"/> Abusive Language <input type="checkbox"/> Harassment <input type="checkbox"/> Fighting <input type="checkbox"/> Electronic Violation <input type="checkbox"/> Property Damage <input type="checkbox"/> Lying/ Cheating <input type="checkbox"/> Dress Code <input type="checkbox"/> Inappropriate Display of Affection <input type="checkbox"/> Other _____	Get: <input type="checkbox"/> Peer Attention <input type="checkbox"/> Adult Attention <input type="checkbox"/> Item/Activity Avoid <input type="checkbox"/> Peer Attention <input type="checkbox"/> Adult Attention <input type="checkbox"/> Item/Activity
Action Taken		
<input type="checkbox"/> Time Out/Detention <input type="checkbox"/> Conference with Student <input type="checkbox"/> Loss of Privileges <input type="checkbox"/> Parent Contact <input type="checkbox"/> Individualized Instruction	<input type="checkbox"/> In-School Suspension (____hours/days) <input type="checkbox"/> Out-of-School Suspension (____hours/days) <input type="checkbox"/> Action Pending <input type="checkbox"/> Other _____	

**Others involved in incident:**     None             Teacher     Substitute    Unknown  
     Peers             Staff         Other \_\_\_\_\_

**Other Comments:** \_\_\_\_\_

I need to talk to the students' teacher                       I need to talk to the administrator

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Example C (Simple with Follow-up)  
**Major Office Discipline Referral Form**

**Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Referring Staff:** \_\_\_\_\_ **Time of incident:** \_\_\_\_\_

**Others involved:**     No One     Peers     Teacher     Staff     Substitute     Unknown

Check 1-2 behaviors as applicable. Circle the primary behavior.

**Major Problem Behavior:**

- Defiance/Disrespect
- Physical Aggression
- Disruption
- Abusive Language
- Tardy
- Harassment
- Fighting
- Electronic Violation
- Dress Code
- Other: \_\_\_\_\_

**Location:**

- Classrooms
- Hall
- Playground
- Cafeteria
- Bathroom
- Bus Loading Zone
- Commons
- Don't know
- Other: \_\_\_\_\_

**Perceived Motivation**

- Attention from peers
- Attention from adults
- Obtain item/activity
- Avoid peers
- Avoid adults
- Avoid work/activity
- Don't know
- Other: \_\_\_\_\_

*\*Please avoid using "don't know" or "other" whenever possible. Thanks. ~PBIS Team*

**Action(s) Taken:**

- Time Out/Detention       Conference w/ student       In-School Susp. \_\_\_ days
- Loss of Privilege(s): \_\_\_\_\_       Out-of-School Susp. \_\_\_ days
- Parent Contact       Other: \_\_\_\_\_

**What happened?**

\_\_\_\_\_

\_\_\_\_\_

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**Follow up Agreement**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**1. What rule(s) did you break? (Circle)**       Be Safe     Be Respectful     Be Responsible

**2. What will you do differently next time? (Continue on back as needed)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Adult Signature:** \_\_\_\_\_