

Campbellsport Elementary Referral Form

Name: _____

Date: _____

Referring Staff: _____

Grade: K4 K 1 2 3 4 5 6 Time _____

Location

- | | | |
|------------------------------------|---|--|
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Bathroom | <input type="checkbox"/> Field Trip/Assembly |
| <input type="checkbox"/> Lunchroom | <input type="checkbox"/> Computer Lab/Library | <input type="checkbox"/> Office |
| <input type="checkbox"/> Hallway | <input type="checkbox"/> Recess _____ | <input type="checkbox"/> Other _____ |

Motivation

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

Staff Deals With Minor Behaviors

3 Minors in 2 Weeks = Office Referral

- Inappropriate Language
- Arguing with teacher
- Running in Building
- Failure to Follow Adult Directions/Non-Compliance
- Lying
- Arguing with other student
- Bothering Others
- Talking Out Excessively
- Disruption
- Dress Code Violation
- Late Homework
- Continually Off Task
- Repeated Tattling
- Gum Chewing
- Inappropriate Use of Equipment
- Lack of Playing Fair
- Other Minor Behavior _____

Staff Decision

- Conference with Student
- Loss of Privilege
- Time in Office
- Reflection Form
- Discuss with parent
- Other: _____

Office Deals With Major Behaviors

- Abusive Language/Gestures/Profanity
- Physical Aggression
- Disrespect
- Lying/Cheating
- Harassment/Bullying/Threats
- Fighting
- Persistent Disruptive Behavior
- Vandalism
- Theft/Stealing
- Technology Violation
- Weapons
- Continual Incomplete Assignments
- Continual Minor Behavior _____
- Other Major Behavior _____

Administrative Decision

- Contact Parents via Phone
- Individualized Instruction
- Reflection Form
- Lunch/Recess Detention (Date: _____)
- In-School Suspension (_____ hours/_____ days)
- Out-of-school Suspension (_____ hours/_____ days)
- Other: _____

Comments: (Please list anyone else who was involved in this incident or any other pertinent information)

Parent Signature: _____ Date: _____

Or

Parent Contact: _____ Date: _____