

Rice Lake Elementary School Office Referral Form

Name: _____ **Date:** _____ **Time:** _____
Grade Level/Teacher: _____ **Referring Staff:** _____

Location:

- | | | | |
|-------------------------------------|---------------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Hallways | <input type="checkbox"/> Bathroom | <input type="checkbox"/> Lunchroom |
| <input type="checkbox"/> Library | <input type="checkbox"/> Computer lab | <input type="checkbox"/> Gym | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Playground | <input type="checkbox"/> Bus | <input type="checkbox"/> Field Trip | |

Perceived Motivation:	Staff Dealt with Behaviors (Minor):	Office Dealt with Behavior (Major):	
<input type="checkbox"/> Peer Attention <input type="checkbox"/> Adult Attention <input type="checkbox"/> Avoid Peers <input type="checkbox"/> Avoid Adult <input type="checkbox"/> Avoid task or activity <input type="checkbox"/> Obtain item / activity <input type="checkbox"/> Don't know <input type="checkbox"/> Other _____	<input type="checkbox"/> Defiance / Disrespect / Non-Compliance <input type="checkbox"/> Disruption <input type="checkbox"/> Inappr. Language/Profanity <input type="checkbox"/> Physical Contact/Aggression <input type="checkbox"/> Property Misuse <input type="checkbox"/> Technology Violation <input type="checkbox"/> Other _____	<input type="checkbox"/> Abusive Language /Inappropriate Language /Profanity <input type="checkbox"/> Bullying <input type="checkbox"/> Defiance / Insubordination/Non-Compliance <input type="checkbox"/> Disrespect <input type="checkbox"/> Disruption <input type="checkbox"/> Fighting <input type="checkbox"/> Forgery / Theft / Plagiarism	<input type="checkbox"/> Harassment <input type="checkbox"/> Lying/Cheating <input type="checkbox"/> Physical Aggression <input type="checkbox"/> Property Damage / Vandalism <input type="checkbox"/> Technology Violation <input type="checkbox"/> Continual minor _____ <input type="checkbox"/> Other _____

Others Involved in Incident:

- None Peers Teacher Staff Substitute Unknown Other _____

Staff Action Taken: _____ **Name of Staff:** _____ **Date completed:** _____

- | | | |
|--|--|--|
| <input type="checkbox"/> Re-teach behavior | <input type="checkbox"/> Conference with student | <input type="checkbox"/> Follow-up agreement |
| <input type="checkbox"/> Loss of privilege | <input type="checkbox"/> Parent contact | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Time out in/out of classroom: _____ min | <input type="checkbox"/> Sent to the office | |

Brief description of incident

Place completed document in office behavior binder.

Follow up Agreement

Name: _____ Date: _____

1. What rule(s) did you break? (Circle)

Be Safe

Be Respectful

Be Responsible

2. What did you want?

I wanted attention from others I wanted to be in control of the situation

I wanted to challenge adult(s) I wanted to avoid doing my work

I wanted to be sent home I wanted revenge

I wanted to cause problems because I feel miserable inside

I wanted to cause others problems because they don't like me

I wanted _____

3. Did you get what you wanted? yes no

4. What will you do differently next time?

I will be _____ by _____

5. Student signature: _____

6. Adult signature(s): _____

Additional Comments

Administrative Action:		Name of Admin: _____	Date completed: _____
<input type="checkbox"/> Conference with student <input type="checkbox"/> Loss of privilege <input type="checkbox"/> Time in office: _____ <input type="checkbox"/> Time in OI room: _____ <input type="checkbox"/> Parent contact	<input type="checkbox"/> Follow-up with teacher <input type="checkbox"/> Follow-up agreement <input type="checkbox"/> Refer to Principal <input type="checkbox"/> Time returned to class: _____	<input type="checkbox"/> In-school/Out-of-school suspension: _____ (hrs/days) <input type="checkbox"/> Seclusion/Restraint <input type="checkbox"/> Other: _____	
Administrative Signature: _____ Date: _____			