



Documentation Project

Referral Form Examples

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Intended Audience

Referral form examples are for School Administrators, school teams and SWIS Facilitators to use as a guide for developing an office discipline referral form.

Description

The three available referral form examples are each compatible with SWIS. Each example is formatted differently, in size of paper, actual categories on the form, and the order of the information to be recorded.

Example A

SWIS™ OFFICE DISCIPLINE REFERRAL FORM

Student(s) _____ **Referring Staff** _____ **Grade Level** ____ **Date** _____ **Time** ____

Location

- | | | | |
|---|-------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Classroom | Cafeteria | Bus loading zone | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Playground | Bathroom/restroom | Parking lot | |
| Commons/common area | Gym | Bus | |
| <input type="checkbox"/> Hallway/ breezeway | Library | Special event/assembly/ field trip | |

Problem Behaviors (check the most intrusive)

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> MINOR | <input type="checkbox"/> MAJOR | <input type="checkbox"/> Skip class/ truancy | <input type="checkbox"/> Vandalism |
| <input type="checkbox"/> Inappropriate lang. | <input type="checkbox"/> Abusive lang./inapprop. lang | <input type="checkbox"/> Forgery/ theft | <input type="checkbox"/> Property damage |
| <input type="checkbox"/> Physical contact | <input type="checkbox"/> Fighting/physical aggression | <input type="checkbox"/> Dress code violation | <input type="checkbox"/> Bomb threat |
| <input type="checkbox"/> Defiance/disrespect/ non-compliance | <input type="checkbox"/> Defiance/disrespect/ insubordination/non-compliant | <input type="checkbox"/> Lying/cheating | <input type="checkbox"/> Arson |
| <input type="checkbox"/> Disruption | <input type="checkbox"/> Harassment/bullying | <input type="checkbox"/> Tobacco | <input type="checkbox"/> Weapons |
| <input type="checkbox"/> Property misuse | <input type="checkbox"/> Disruption | <input type="checkbox"/> Alcohol/drugs | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Tardy | <input type="checkbox"/> Combustibles | |

Possible Motivation

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Obtain peer attention | <input type="checkbox"/> Avoid tasks/activities | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Obtain adult attention | <input type="checkbox"/> Avoid peer(s) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Obtain items/ activities | <input type="checkbox"/> Avoid adult(s) | |

Others Involved

- None Peers Staff Teacher Substitute Unknown Other _____

Administrative Decision

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Time in office | <input type="checkbox"/> Detention | <input type="checkbox"/> Saturday School | <input type="checkbox"/> In-school suspension |
| <input type="checkbox"/> Loss of privilege | <input type="checkbox"/> Parent contact | <input type="checkbox"/> Individualized instruction | <input type="checkbox"/> Out-of-school suspension |
| <input type="checkbox"/> Conference with student | <input type="checkbox"/> Bus Suspension | <input type="checkbox"/> Restitution | <input type="checkbox"/> Other _____ |

Comments:

Follow up comments:

Example B

Office Referral Form

Name: _____ **Location**
Date: _____ **Time:** _____ Playground Library
Teacher: _____ Cafeteria Bathroom
Grade: K 1 2 3 4 5 6 7 8 Hallway Bus
Referring Staff: _____ Classroom Other _____

Problem Behavior	Possible Motivation	Administrative Decision
Minor <input type="checkbox"/> Inappropriate language <input type="checkbox"/> Physical contact <input type="checkbox"/> Defiance <input type="checkbox"/> Disruption <input type="checkbox"/> Property misuse <input type="checkbox"/> Other _____	<input type="checkbox"/> Obtain peer attention <input type="checkbox"/> Obtain adult attention <input type="checkbox"/> Obtain items/activities <input type="checkbox"/> Avoid Peer(s) <input type="checkbox"/> Avoid Adult <input type="checkbox"/> Avoid task or activity <input type="checkbox"/> Don't know <input type="checkbox"/> Other _____	<input type="checkbox"/> Loss of privilege <input type="checkbox"/> Time in office <input type="checkbox"/> Conference with student <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 (____ days) <input type="checkbox"/> Other _____
Major <input type="checkbox"/> Abusive language <input type="checkbox"/> Fighting/ Physical aggression <input type="checkbox"/> Overt Defiance <input type="checkbox"/> Harassment/bullying <input type="checkbox"/> Disruption <input type="checkbox"/> Other _____		

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

Other comments:

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

Parent Signature: _____ **Date:** _____

All minors are filed with classroom teacher. Three minors equal a major.
 All majors require administrative decision and parent signature.

Example C

Office Discipline Referral Form

Name: _____ Grade: _____ Date: _____

Referring Person: _____ Time: _____

Other Student(s) involved: None Peers Staff Teacher Substitute Unknown Other _____

Issue of Concern **Location** **Possible Motivation**

Major Problem Behaviors

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> abusive lang | <input type="checkbox"/> playground | <input type="checkbox"/> Attention from peer(s) |
| <input type="checkbox"/> fighting/physical agg | <input type="checkbox"/> cafeteria | <input type="checkbox"/> Attention from adult(s) |
| <input type="checkbox"/> harassment/bullying | <input type="checkbox"/> passing area | <input type="checkbox"/> Avoid peer(s) |
| <input type="checkbox"/> overt defiance | <input type="checkbox"/> bathroom | <input type="checkbox"/> Avoid adult(s) |

Minor Problem Behaviors

- | | | |
|--|--|---|
| <input type="checkbox"/> inappropriate. lang | <input type="checkbox"/> bus | <input type="checkbox"/> Avoid work |
| <input type="checkbox"/> disruption | <input type="checkbox"/> classroom | <input type="checkbox"/> Obtain item(s) |
| <input type="checkbox"/> property misuse | <input type="checkbox"/> restricted area | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> non-compliance | <input type="checkbox"/> special event | <input type="checkbox"/> Don't know |
| | <input type="checkbox"/> common instructional area _____ | |

What happened?: _____

Consequences

- | | |
|--|---|
| <input type="checkbox"/> lose recess | <input type="checkbox"/> lose other privilege _____ |
| <input type="checkbox"/> conference | <input type="checkbox"/> in-school suspension |
| <input type="checkbox"/> parent contact | <input type="checkbox"/> out-of-school suspension |
| <input type="checkbox"/> follow up agreement | |

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): _____