



Combs Leadership Magnet Behavior Referral Form



Name: _____ Grade: _____ Date: _____ Gender: _____

Referring Person: _____ Time: _____

Others Involved: None Peers Staff Teacher Substitute Other

Location: Classroom Hallway Restroom Playground Cafeteria Other

Minor Issue(s) of Concern

- Inappropriate language
- Physical Contact
- Defiance/Disrespect/Non-compliance
- Disruption
- Property Misuse
- Dishonesty
- Other _____

Teacher Action

- Parent contact
- Conference with student
- Reflection sheet
- Loss of privilege
- Time away from group
- Time in buddy classroom
- Other _____

Does this constitute a pattern of behavior? Yes ___ No ___

Have 3 or more minor referrals been completed for this same behavior? Yes ___ No ___

Do you need support from the office for this behavior?

Yes ___ No ___

(If yes check "Pattern of Minor Referrals" in Major column.)

Major Issue(s) of Concern

- Major Defiance/Disrespect/Non-compliance
- Verbal/Social Bullying
- Aggressive Language
- Inappropriate Touch
- Weapons
- Fighting or Aggressive Behavior
- Major Dishonesty
- Vandalism
- Harassment
- Drug or Adult Paraphernalia
- Pattern of minor referrals
- Other _____

Administrator Action

- Conference with student
- Parent phone call and/or letter
- Time out in supervised area
- Loss of privilege(s)
- School or community service (restitution)
- In school suspension
- Out of school suspension (short term)
- Out of school suspension (long term)
- Referral to counselor or other adult
- Referral to outside counseling
- Other _____

Possible Motivation(s)

Attention from peer(s)
Avoid work

Attention from adult(s)
Obtain item(s)

Avoid peer(s)
Not sure

Avoid adult(s)
Other _____

What happened?

Conference Comments:

Signatures:

Student: _____ Parent: _____

Teacher: _____ Administrator: _____

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