

Riverview Elementary School Office Discipline Referral Form

~2013(b)



Name: _____ Grade: _____

Referring Staff Member: _____ HR Teacher: _____

Date: _____ Time: _____

Location	Behavior Concerns		Possible Motivation
	Minor	Major	
<input type="checkbox"/> Bathroom <input type="checkbox"/> Bus/Bus loading <input type="checkbox"/> Computer Lab <input type="checkbox"/> Classroom <input type="checkbox"/> Gym <input type="checkbox"/> Field Trip <input type="checkbox"/> Hallway <input type="checkbox"/> Library <input type="checkbox"/> Lunch Room <input type="checkbox"/> MPR <input type="checkbox"/> Office <input type="checkbox"/> Playground <input type="checkbox"/> Art Room <input type="checkbox"/> Other _____	<input type="checkbox"/> Disrespect <input type="checkbox"/> Defiance <input type="checkbox"/> Disruption <input type="checkbox"/> Inappropriate Language <input type="checkbox"/> Physical contact/Physical aggression <input type="checkbox"/> Property Misuse <input type="checkbox"/> Tardy <input type="checkbox"/> Technology violation <input type="checkbox"/> Other _____	<input type="checkbox"/> Disrespect <input type="checkbox"/> Abusive or Inappropriate Language / Profanity <input type="checkbox"/> Defiance / Insubordination / Non-compliance <input type="checkbox"/> Disruption <input type="checkbox"/> Fighting/ Physical aggression <input type="checkbox"/> Forgery / Theft <input type="checkbox"/> Harassment / Bullying <input type="checkbox"/> Lying / Cheating <input type="checkbox"/> Property Damage/Vandalism <input type="checkbox"/> Technology Violation <input type="checkbox"/> Use/Possession of Weapons <input type="checkbox"/> Other behavior	<input type="checkbox"/> Peer Attention <input type="checkbox"/> Adult Attention <input type="checkbox"/> Obtain an item/Activity <input type="checkbox"/> Avoid Peer(s) <input type="checkbox"/> Avoid Adult(s) <input type="checkbox"/> Avoid Task/Activity work <input type="checkbox"/> Other <input type="checkbox"/> Unknown
			Others Involved
			<input type="checkbox"/> None <input type="checkbox"/> Peers <input type="checkbox"/> Staff <input type="checkbox"/> Teacher <input type="checkbox"/> Substitute <input type="checkbox"/> Other <input type="checkbox"/> Unknown

Description of Issue:

Staff Action:	Administrative Action:
<p>*SWIS allows for one box to be checked so please Check the most appropriate box.</p> <input type="checkbox"/> Reteach Behavior/Individualized Instruction <input type="checkbox"/> Conference with Student <input type="checkbox"/> Detention Room (___/___/___) <input type="checkbox"/> Fix-It Plan <input type="checkbox"/> Follow Up Agreement <input type="checkbox"/> Lose Privilege _____ <input type="checkbox"/> Parent Contact <input type="checkbox"/> Other Action Taken _____ _____	<input type="checkbox"/> Conference with Student <input type="checkbox"/> Detention Room (___/___/___) <input type="checkbox"/> Follow Up Agreement <input type="checkbox"/> Follow Up With Staff Member <input type="checkbox"/> Lose Privilege _____ <input type="checkbox"/> Lose Recess <input type="checkbox"/> Parent Contact <input type="checkbox"/> Time in Office <input type="checkbox"/> In-school Suspension (____ hours/days) <input type="checkbox"/> Out of School Suspension (____ hours/days) <input type="checkbox"/> Bus Suspension <input type="checkbox"/> Other Action Taken _____
Staff initials: _____ (___/___/___)	

Parent Signature: _____

White Copy (Office) Yellow Copy (Mailed Home) Pink Copy (Classroom Teacher) Gold Copy (Home)

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