ALTA VIEW ELEMENTARY SCHOOL
Office Referral Form

Name: _____
Date: _____ **Time:** _____
Teacher: _____
Grade: K 1 2 3 4 5 6
Referring Staff: _____

Location

Playground	Library/Computer Lab
Cafeteria	Bathroom
Hallway	Arrival/Dismissal
Classroom	Other _____

Minor Problem Behavior	Major Problem Behavior	Possible Motivation
Offensive Language Physical Contact Defiance Disruption Cheating Inappropriate Dress Minor Teasing and Bullying: Name Calling, Emotional, Gossiping Disrespecting other's property Tardy Cell Phone Violation Not Following the KEYS Other _____	Multiple Infractions of Minor Offenses Physical Violence or Aggression Weapons Including Facsimilies Unauthorized Substance Overt Defiance/Noncompliance Harassment/Bullying Destruction and Misuse of Property Stealing Threat to Others Unauthorized Leaving of School Ground Discrimination Blatant Disrespect Other _____	Obtain peer attention Obtain adult attention Obtain items/activities Avoid Peer(s) Avoid Adult Avoid task or activity Don't know Other _____

Administrative Decision	
Loss of privilege Time in office Conference with student Parent Contact	Individualized instruction In-school suspension (____hours/ days) Out of school suspension (_____ days) Other _____

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

Other comments:

_____

I need to talk to the student's 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 administrator consequence, parent contact, and signature