

BUTLER 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 Staff enforced	Major Problem Behavior Principal enforced	Teacher Consequences
<ul style="list-style-type: none"> <input type="checkbox"/> Offensive Language <input type="checkbox"/> Physical Contact <input type="checkbox"/> Disturbing classes <input type="checkbox"/> Cheating <input type="checkbox"/> Defiance <input type="checkbox"/> Disruption <input type="checkbox"/> Inappropriate Dress <input type="checkbox"/> Minor Teasing and Bullying: Name Calling, Emotional, Gossiping <input type="checkbox"/> Disrespecting other's property <input type="checkbox"/> Tardy <input type="checkbox"/> Cell Phone Violation (seen or heard) <input type="checkbox"/> Toys at School <input type="checkbox"/> Unauthorized leaving of classroom <input type="checkbox"/> Other _____ 	<ul style="list-style-type: none"> <input type="checkbox"/> Multiple Infractions of Minor Offenses <input type="checkbox"/> Physical Violence or Aggression <input type="checkbox"/> Weapons Including Facsimiles <input type="checkbox"/> Unauthorized Substance <input type="checkbox"/> Overt Defiance/Noncompliance <input type="checkbox"/> Harassment/Bullying <input type="checkbox"/> Destruction and Misuse of Property <input type="checkbox"/> Stealing <input type="checkbox"/> Threat to Others <input type="checkbox"/> Unauthorized Leaving of School Ground <input type="checkbox"/> Inappropriate Use of Electronics (cell phone, computer, etc.) <input type="checkbox"/> Discrimination <input type="checkbox"/> Blatant Disrespect <input type="checkbox"/> Throwing Snowballs <input type="checkbox"/> Other _____ 	<ul style="list-style-type: none"> <input type="checkbox"/> Warning <input type="checkbox"/> Think Time <input type="checkbox"/> Silent Lunch <input type="checkbox"/> Stay in from recess <input type="checkbox"/> Individual contract <input type="checkbox"/> Parent notified of minor problem behavior <input type="checkbox"/> Other _____ <p style="font-size: small;">*Be sure to mark all actions that have been taken before the student was referred to the office.</p>

Administrative Decision

<ul style="list-style-type: none"> <input type="checkbox"/> Loss of privilege <input type="checkbox"/> Time in office <input type="checkbox"/> Conference with student <input type="checkbox"/> Parent Contact 	<ul style="list-style-type: none"> <input type="checkbox"/> Silent Lunch <input type="checkbox"/> In-school suspension (____ hours/ days) <input type="checkbox"/> Out of school suspension (____ days) <input type="checkbox"/> Other _____
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Others involved in incident: None Peers Staff Teacher Substitute
 Unknown Other

Other comments:

Parent Signature: _____ **Date:** _____

All minors are filed with classroom teacher. Multiple minor infractions are a major. All majors require administrator consequence, parent contact, and signature.