

Canyon View Office Discipline Referral Form:

Name: _____ Date: _____ Time: _____ Grade: _____

Homeroom Teacher: _____ Referring Staff: _____

Location:

- | | | |
|--|-----------------------------------|---|
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Hallway | <input type="checkbox"/> Playground: AM Lunch PM (Circle One) |
| <input type="checkbox"/> Lunchroom/Gym | <input type="checkbox"/> Bathroom | <input type="checkbox"/> Field Trip/Assembly |
| <input type="checkbox"/> Office | <input type="checkbox"/> LMC/LAB | <input type="checkbox"/> Other: _____ |

Others Involved in Incident:

- None Peers Teacher Staff Substitute Other _____

Staff Deals With: Minor

Office Deals With: Major

- Talking out
- Running/unsafe travel in building
- Off task
- Arguing
- Lying/tattling/gossiping
- Dress code
- Gum chewing or eating food without permission
- Failure to follow adult directions
- Inappropriate use of equipment
- Lack of playing fair
- Other Minor behavior: _____

- Abusive language/gestures
- Fighting/physical aggression/assault
- Lying/cheating
- Harassment/bullying/threats
- Persistent disruptive behavior
- Vandalism
- Theft/stealing
- Technology violation
- Creating a false emergency.
- Weapons
- Snowballs and Ice
- Other Major Behavior: _____

Staff Decision:

Administrative Decision:

- Conference with Student
 - Loss of Privilege
 - Time in Office
 - Other: _____
- Date: _____

- Contact Parent via phone/email
 - Individualized instruction
 - Follow-up agreement
 - Other _____
- Date: _____

- Lunch/recess detention (Date: _____)
- In School Suspension (Date: _____)
- Out of School Suspension (Date: _____)

Other Comments:

Staff/Administrative Signature: _____ Date: _____

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____