

# East Midvale Office Discipline Referral

**Student:** \_\_\_\_\_ **Referring Faculty/Staff Member:** \_\_\_\_\_  
(first) (last)

**Parent:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
(first) (last)

**Teacher:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Time of incident:** \_\_\_\_:\_\_\_\_ **Date of Incident:** \_\_\_\_\_

Location	Problem Behavior	Environmental Factor	Possible Function
<input type="checkbox"/> Bus Stop <input type="checkbox"/> AM Bus <input type="checkbox"/> Breakfast <input type="checkbox"/> Before School <input type="checkbox"/> Classroom <input type="checkbox"/> Playground <input type="checkbox"/> Hallway <input type="checkbox"/> Restroom <input type="checkbox"/> Lunchroom <input type="checkbox"/> Library <input type="checkbox"/> Media/Computer <input type="checkbox"/> Parking Lot <input type="checkbox"/> Inside Recess <input type="checkbox"/> Other (specify) _____	<p><b>Repeated Minor:</b></p> <input type="checkbox"/> Disruptive Behavior <input type="checkbox"/> Unacceptable Lang/Gesture <input type="checkbox"/> Disrespectful/Defiant (specify) _____ <p><b>Major:</b></p> <input type="checkbox"/> Severe Class Disruption <input type="checkbox"/> Harassing/Bullying <input type="checkbox"/> Fighting/Aggression <p style="text-align: center;"><b>Injury: Yes/No</b></p> <input type="checkbox"/> Vandalism <input type="checkbox"/> Theft <input type="checkbox"/> Weapons Violation: Kind: _____ <input type="checkbox"/> Possession/Distribution of: Alcohol/Drugs/Tobacco	<input type="checkbox"/> Adult request <input type="checkbox"/> Ind. seat work <input type="checkbox"/> Group work <input type="checkbox"/> Managing materials <input type="checkbox"/> External stimulus <input type="checkbox"/> Transition <input type="checkbox"/> Reacting to peers <input type="checkbox"/> Changes in routine <input type="checkbox"/> Substitute teacher <input type="checkbox"/> Assembly <input type="checkbox"/> Recess <input type="checkbox"/> Lunchroom <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Get peer attention <input type="checkbox"/> Get adult attention <input type="checkbox"/> Gain item/ activity <input type="checkbox"/> Avoid peer <input type="checkbox"/> Avoid adult <input type="checkbox"/> Avoid seat work <input type="checkbox"/> Avoid group work <input type="checkbox"/> Avoid event <input type="checkbox"/> Individ. Retaliation <input type="checkbox"/> Group Retaliation <input type="checkbox"/> Other (specify) _____

Others involved:  
 Aggressor(s): \_\_\_\_\_  
 Victim(s): \_\_\_\_\_  
 Witness(es): \_\_\_\_\_

**Narrative:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Administrative Action Taken

<p><b>Skill Building Action(s):</b></p> <input type="checkbox"/> Student Conference/Verbal Correction <input type="checkbox"/> Parent Contacted: _____ Date: _____ <input type="checkbox"/> In person <input type="checkbox"/> Phone <input type="checkbox"/> Message <input type="checkbox"/> email <input type="checkbox"/> Parent Conference w/ Admin. _____ <input type="checkbox"/> Behavior Tracker Recommended <input type="checkbox"/> Personal Safety Plan Established <input type="checkbox"/> Plan of Supervision Established	<p><b>Disciplinary Action(s):</b></p> <input type="checkbox"/> Lunch Detention _____ days <input type="checkbox"/> School Service _____ days <input type="checkbox"/> In School Suspension _____ days <input type="checkbox"/> Out of School Suspension _____ days <input type="checkbox"/> Suspension to District Level _____ <input type="checkbox"/> Damage Reimbursement \$ _____ <input type="checkbox"/> Other _____
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**Notes:** \_\_\_\_\_  
 \_\_\_\_\_  
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**Parent Response:** \_\_\_\_\_  
 \_\_\_\_\_

Administrator's Signature \_\_\_\_\_ Date \_\_\_\_\_