**Skyward Incident #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Edgemont 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** |
| \_\_\_\_\_Bus Stop \_\_\_\_\_ AM Bus\_\_\_\_\_Breakfast\_\_\_\_\_Before School\_\_\_\_Classroom\_\_\_\_Playground\_\_\_\_Hallway\_\_\_\_Restroom\_\_\_\_Lunchroom\_\_\_\_Library \_\_\_\_Media/Computer\_\_\_\_Parking Lot\_\_\_\_Inside Recess\_\_\_\_Other (specify) | ***Repeated Minor:***\_\_\_Disruptive Behavior\_\_\_Unacceptable Lang/Gesture \_\_\_Disrespectful/Defiant (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***Major:***\_\_\_Severe Class Disruption\_\_\_Harassing/Bullying\_\_\_Fighting/Aggression **Injury: Yes/No**\_\_\_Vandalism\_\_\_Theft\_\_\_Weapons Violation:  Kind:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Possession/Distribution of: Alcohol/Drugs/Tobacco | \_\_\_Adult request\_\_\_Ind. seat work\_\_\_Group work\_\_\_Managing materials\_\_\_External stimulus \_\_\_Transition\_\_\_Reacting to peers\_\_\_Changes in routine\_\_\_Substitute teacher\_\_\_Assembly\_\_\_Recess\_\_\_Lunchroom\_\_\_Other (specify) | \_\_\_ Get peer attention\_\_\_ Get adult attention\_\_\_ Gain item/ activity\_\_\_ Avoid peer\_\_\_ Avoid adult\_\_\_ Avoid seat work\_\_\_ Avoid group work\_\_\_ Avoid event\_\_\_ Indiv. Retaliation\_\_\_ Group Retaliation\_\_\_ Other (specify) |
| Others involved:Aggressor(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Victim(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Witness(es): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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

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**Administrative Action Taken**

**Skill Building Action(s): Disciplinary Action(s):**

\_\_\_\_Student Conference/Verbal Correction \_\_\_\_\_Lunch Detention \_\_\_\_\_\_\_days

\_\_\_\_Parent Contacted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_ \_\_\_\_\_School Service \_\_\_\_\_\_\_days

 \_\_\_In person \_\_\_Phone \_\_\_Message \_\_\_email \_\_\_\_\_In School Suspension \_\_\_\_\_\_\_days

\_\_\_\_Parent Conference w/ Admin.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_Out of School Suspension \_\_\_\_\_\_\_days

\_\_\_\_Behavior Tracker Recommended \_\_\_\_\_Suspension to District Level \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_Personal Safety Plan Established \_\_\_\_\_Damage Reimbursement $\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_Plan of Supervision Established \_\_\_\_\_Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Notes**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Parent Response:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Administrator’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_