**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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_