

GRANITE 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	Major Problem Behavior	Possible Motivation
<input type="checkbox"/> Offensive Language <input type="checkbox"/> Physical Contact <input type="checkbox"/> Defiance <input type="checkbox"/> Disruption <input type="checkbox"/> Cheating <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 <input type="checkbox"/> Not Following the GRRR Rules <input type="checkbox"/> Other _____	<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"/> Cell Phone Violation <input type="checkbox"/> Discrimination <input type="checkbox"/> Blatant Disrespect <input type="checkbox"/> Other _____	<input type="checkbox"/> Obtain peer attention <input type="checkbox"/> Obtain adult attention <input type="checkbox"/> Obtain items/activities <input type="checkbox"/> Avoid Peer(s) <input type="checkbox"/> Avoid Adult <input type="checkbox"/> Avoid task or activity <input type="checkbox"/> Don't know <input type="checkbox"/> Other _____
Administrative Decision		
<input type="checkbox"/> Loss of privilege <input type="checkbox"/> Time in office <input type="checkbox"/> Conference with student <input type="checkbox"/> Parent Contact	<input type="checkbox"/> Individualized instruction <input type="checkbox"/> In-school suspension (____ hours/ days) <input type="checkbox"/> Out of school suspension (____ days) <input type="checkbox"/> Other _____	

Others involved in incident: None Peers Staff Teacher Substitute
 Unknown Other

Other comments:

I need to talk to the students' teacher I need to talk to the administrator

Parent Signature: _____ **Date:** _____

All minors are filed with classroom teacher. Three minors equal a major.
 All majors require administrator consequence, parent contact, and signature