

Mustang Office Learning Opportunity Referral Form:

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

Homeroom Teacher: _____ Referring Staff: _____

Location:

- | | | |
|--|---|---|
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Hallway/Stairs | <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"/> Library/ LAB | <input type="checkbox"/> Other: _____ |

Others Involved in Incident:

- None Peers Teacher Staff Substitute Other _____

Staff Responsibilities:

- Play Fighting
- Bullying
- Talking out/disruptive
- Running/unsafe travel in building
- Off task/Not in assigned place
- Physical contact (minor)
- Arguing/defiance/Non-compliant
- Failure to follow adult directions
- Inappropriate use of equipment
- Lying/cheating
- Disrespect
- _____
- Other minor behavior: _____

Possible Motivation:

- Obtain peer attention
- Obtain adult attention
- Obtain items/activities
- Avoid tasks/activities
- Avoid peer(s)
- Avoid adults(s)
- Unknown
- Other: _____
- _____

Office Responsibilities:

- Abusive language/gestures
- Fighting/physical aggression/assault
- Harassment/ bullying/threats
- Persistent disruptive behavior
- Vandalism
- Theft/stealing
- Weapons
- Other Major Behavior: _____

Staff Decision:

Students may only be referred to the office for minor offences after 3 infractions and 3 consequent interventions. Please provide dates for each intervention below:

- Contact Parent **(required)**

- Conference with Student _____
- Loss of Privilege

- Other: _____

Administrative Decision:

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

Other Comments:

Staff/Administrative Signature: _____ Date: _____

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____