

OAKDALE ELEMENTARY Office Discipline Referral Form:

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

Homeroom Teacher: _____ Referring Staff: _____

Location:

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

Others Involved in Incident:

- None Peers Teacher Staff Substitute Other _____

MINOR

MAJOR:

Possible Motivation:

- Talking out
- Running/unsafe travel in building
- Off task
- Physical contact
- Arguing
- Lying/tattling/gossiping
- Dress code
- Gum chewing or eating food without permission
- Failure to follow adult directions
- Inappropriate use of equipment
- Lack of playing fair
- Other minor behavior: _____

- Abusive or inappropriate language/gestures
- Fighting/physical aggression/assault
- Severe Disrespect
- Lying/cheating
- Harassment/bullying/threats
- Persistent disruptive behavior
- Vandalism
- Theft/stealing
- Technology violation
- Illegal substances
- Weapons or facimilies
- Other: _____

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

Staff Decision:

Administrative Decision:

- Conference with Student
 - Loss of Privilege
 - Think Time
 - Other: _____
- Date: _____

- Contact Parent via phone
 - Follow-up agreement
 - Other _____
- Date: _____

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

Other Comments:

Staff/Administrative Signature: _____ Date: _____

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____