

Quail Hollow Office Referral Form

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

Homeroom Teacher: _____ Referring Staff: _____

Location

- | | | | |
|------------------------------------|---------------------------------------|--|--|
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Hallway | <input type="checkbox"/> Playground | <input type="checkbox"/> Lining up outside |
| <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Restrooms | <input type="checkbox"/> Special Event | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Library | <input type="checkbox"/> Computer Lab | <input type="checkbox"/> Field Trip | _____ |

Others Involved in Incident

- ☐ None ☐ Peers ☐ Teacher ☐ Staff ☐ Substitute ☐ Other _____

Minor Offense - Teacher	Major Offense - Principal	Possible Motivation
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- ☐ Talking out
- ☐ Off Task
- ☐ Pushing/Shoving
- ☐ Arguing/Back Talk
- ☐ Obscenities
- ☐ Dress code
- ☐ Gum chewing
- ☐ Electronics devices not used appropriately
- ☐ Hats inside
- ☐ Throwing paper/object
- ☐ Minor vandalism
- ☐ Troubling schoolwork
- ☐ Cheating
- ☐ Lying
- ☐ Inappropriate noises
- ☐ Disturbing classes

- ☐ Fighting
- ☐ Name calling involving racial slurs or sexual taunts
- ☐ Bullying
- ☐ Threats
- ☐ Weapons
- ☐ Illegal substances
- ☐ Vandalism
- ☐ Repeated incidences of minor behaviors not changed by teacher intervention
- ☐ Snowballs
- ☐ Throwing food/objects
- ☐ Spitting/Biting others
- ☐ Uncontrollable tantrums

- ☐ Peer Attention
- ☐ Adult Attention
- ☐ Avoid Peers
- ☐ Avoid Adult
- ☐ Avoid task or activity
- ☐ Don't know
- ☐ Other _____

Teacher Decision

- ☐ Re-teach behavior
- ☐ Conference with student
- ☐ Loss of privilege
- ☐ Think Time
- ☐ Parent Contact
- ☐ Referred to Principal

Administrative Decision

- | | |
|--|---|
| <input type="checkbox"/> Individualized instruction | <input type="checkbox"/> In-school Suspension (_____hours/days) |
| <input type="checkbox"/> Follow-up agreement | <input type="checkbox"/> Out of School Suspension (_____hours/days) |
| <input type="checkbox"/> Contact Parents | |
| <input type="checkbox"/> Referred to Social Skills Group | |
| <input type="checkbox"/> Other | |
| <input type="checkbox"/> Loss of Recess Date: _____ | |

Other Comments

Principal Signature: _____ Parent Signature _____ Date: _____