

# SANDY ELEMENTARY OFFICE REFERRAL FORM

Student:	Grade:	Teacher:
Date:	Time of Incident:	Special Education: <input type="checkbox"/> yes <input type="checkbox"/> no
Referring Staff:	Others Involved:	

**Location:**

<input type="checkbox"/> Hallway	<input type="checkbox"/> Lunchroom	<input type="checkbox"/> Playground	<input type="checkbox"/> Bathrooms
<input type="checkbox"/> Library	<input type="checkbox"/> Computer Lab	<input type="checkbox"/> Gym	<input type="checkbox"/> Kiva/Assembly
<input type="checkbox"/> Classroom	<input type="checkbox"/> Fire/Safety Drill	<input type="checkbox"/> Other:	

**Major Infractions:**

<input type="checkbox"/> Repeated Minor Behavior Infractions (3 or more)	<input type="checkbox"/> Unacceptable, abusive, sexual or racial words, language or gestures
<input type="checkbox"/> Threatening, harassing, bullying (one-sided and repeated)	<input type="checkbox"/> Calculated, deliberate cheating
<input type="checkbox"/> Vandalism to any school property	<input type="checkbox"/> Deliberate lying
<input type="checkbox"/> Deliberately not in assigned area	<input type="checkbox"/> Dangerous misuse of equipment
<input type="checkbox"/> Aggression and fighting (including pushing/shoving with intent to harm)	<input type="checkbox"/> Throwing food/snowballs/rocks or any item with intent to harm person or property
<input type="checkbox"/> Chronic Unpreparedness	<input type="checkbox"/> Spitting on others (bodily fluids)
<input type="checkbox"/> Drug and alcohol offenses	<input type="checkbox"/> Uncontrolled tantrums
<input type="checkbox"/> Stealing, deliberate theft	<input type="checkbox"/> Arson
<input type="checkbox"/> Weapons Violations (knives, guns, explosive devises, noxious, flammable, fireworks, martial arts weapons, replicas and facsimiles)	<input type="checkbox"/> Other:

**Possible Motivation:**

<input type="checkbox"/> Obtain peer attention	<input type="checkbox"/> Obtain adult attention	<input type="checkbox"/> Obtain item	<input type="checkbox"/> Obtain activity
<input type="checkbox"/> Avoid task/activity	<input type="checkbox"/> Avoid academic work	<input type="checkbox"/> Avoid peers	<input type="checkbox"/> Avoid adult
<input type="checkbox"/> Unsure/Unknown	<input type="checkbox"/> Other		

**Administrative Action Taken**

<input type="checkbox"/> Student conference with the principal	<input type="checkbox"/> Behavioral contract
<input type="checkbox"/> A written apology	<input type="checkbox"/> Assigned clean up work/restitution
<input type="checkbox"/> Principal or student calls parents	<input type="checkbox"/> In-school suspension - # days:
<input type="checkbox"/> Loss of recess(es) - how many:	<input type="checkbox"/> Out-of-school suspension - # days:
<input type="checkbox"/> Other:	<input type="checkbox"/>

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_