

## Willow Canyon 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
<input type="checkbox"/> Cheating <input type="checkbox"/> Dress Code <input type="checkbox"/> Disrespect/Arguing <input type="checkbox"/> Disturbing Class <input type="checkbox"/> Electronics devices not used appropriately <input type="checkbox"/> Excessive Talking out <input type="checkbox"/> Excessive Tardies <input type="checkbox"/> Lack of fair play <input type="checkbox"/> Lying <input type="checkbox"/> Minor vandalism <input type="checkbox"/> Obscenities <input type="checkbox"/> Off Task Excessively <input type="checkbox"/> Pushing/Shoving <input type="checkbox"/> Tattling <input type="checkbox"/> Unprepared regularly	<input type="checkbox"/> Bullying <input type="checkbox"/> Consistent and excessive minor behaviors <input type="checkbox"/> Defiance/Disrespect <input type="checkbox"/> Fighting <input type="checkbox"/> Illegal substances <input type="checkbox"/> Intentional threats <input type="checkbox"/> Leaving school grounds <input type="checkbox"/> Physical harm <input type="checkbox"/> Profanity <input type="checkbox"/> Racial or Sexual Taunts <input type="checkbox"/> Stealing <input type="checkbox"/> Throwing food/objects <input type="checkbox"/> Uncontrollable tantrums <input type="checkbox"/> Vandalism <input type="checkbox"/> Weapons	<input type="checkbox"/> Adult Attention <input type="checkbox"/> Avoid Adults <input type="checkbox"/> Avoid Peers <input type="checkbox"/> Avoid task or activity <input type="checkbox"/> Don't know <input type="checkbox"/> Peer Attention <input type="checkbox"/> Other _____

### Teacher Decision

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

### Administrative Decision

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Contact Parents</li> <li><input type="checkbox"/> Follow-up agreement</li> <li><input type="checkbox"/> Individualized instruction</li> <li><input type="checkbox"/> Loss of Recess Date: _____</li> <li><input type="checkbox"/> Referred to Social Skills Group</li> <li><input type="checkbox"/> Other</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> In-school Suspension<br/>(_____hours/days)</li> <li><input type="checkbox"/> Out of School Suspension<br/>(_____hours/days)</li> </ul> |
|--|--|

### Other Comments

Principal Signature: \_\_\_\_\_ Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_