

Kirkpatrick School – OFFICE DISCIPLINE REFERRAL FORM					
Student _____		Referring Staff _____		Date _____ Time _____	
Grade Level: PreK K 1 2 3 4					
<u>Location</u>					
<input type="checkbox"/> Classroom	<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Library	<input type="checkbox"/> Sevier Street to Center and Behind		
<input type="checkbox"/> Art	<input type="checkbox"/> Playground	<input type="checkbox"/> Hallway/Breezeway	<input type="checkbox"/> Field Trip		
<input type="checkbox"/> Music	<input type="checkbox"/> Bathroom	<input type="checkbox"/> Portable Path	<input type="checkbox"/> Other _____		
<input type="checkbox"/> PE	<input type="checkbox"/> Center	<input type="checkbox"/> Special Event/Auditorium/Assembly			
<u>Minor Problem Behavior (check all that apply)</u>					
<input type="checkbox"/> Inappropriate verbal language		<input type="checkbox"/> Defiance/disrespectful/non-compliance		<input type="checkbox"/> Property misuse	
<input type="checkbox"/> Physical contact		<input type="checkbox"/> Disruption		<input type="checkbox"/> Other _____	
<u>Teacher Actions – Prior to Referral (check all that apply)</u>					
<input type="checkbox"/> Casual conference w/student		<input type="checkbox"/> Utilized Staff Buddy		Comments: _____	
<input type="checkbox"/> Verbal warning		<input type="checkbox"/> Note or phone call home		_____	
<input type="checkbox"/> Reprimand		<input type="checkbox"/> Student contract		_____	
<input type="checkbox"/> Isolated seating		<input type="checkbox"/> Meeting with student and parent		_____	
<input type="checkbox"/> Time out in classroom		<input type="checkbox"/> Referral to school counselor		_____	
<input type="checkbox"/> Time out in another classroom		_____			
<u>Major Problem Behavior – Check the Most Intrusive (check only one)</u>					
<input type="checkbox"/> Abusive/inappropriate language		<input type="checkbox"/> Severe disruption		<input type="checkbox"/> Inappropriate touching	
<input type="checkbox"/> Fighting/physical aggression		<input type="checkbox"/> Leaves assigned area		<input type="checkbox"/> Property damage	
Please circle which one: Student Staff		<input type="checkbox"/> Theft		<input type="checkbox"/> Bomb threat	
<input type="checkbox"/> Defiance/disrespect/insubordination/non-compliance		<input type="checkbox"/> Lying/cheating		<input type="checkbox"/> Arson	
<input type="checkbox"/> Harassment/bullying/threatening		<input type="checkbox"/> Alcohol/drugs/tobacco		<input type="checkbox"/> Weapons	
Please circle which one: Student Staff		<input type="checkbox"/> Combustibles		<input type="checkbox"/> Other _____	
<input type="checkbox"/> Tantrum					
<u>Possible Motivation (check only one)</u>					
<input type="checkbox"/> Obtain peer attention		<input type="checkbox"/> Avoid tasks/activities		<input type="checkbox"/> Avoid adult(s)	
<input type="checkbox"/> Obtain adult attention		<input type="checkbox"/> Avoid peer(s)		<input type="checkbox"/> Impulsivity	
<input type="checkbox"/> Obtain items/activities		<input type="checkbox"/> Other _____			
<u>Others Involved</u>					
<input type="checkbox"/> None <input type="checkbox"/> Peer(s) <input type="checkbox"/> Teacher/Staff <input type="checkbox"/> Substitute <input type="checkbox"/> Unknown <input type="checkbox"/> Other _____					
<u>Administrative Decision</u>					
<input type="checkbox"/> Time in office		<input type="checkbox"/> Parent Contact		<input type="checkbox"/> In-class behavior support	
<input type="checkbox"/> Loss of Privilege(s)		<input type="checkbox"/> Parent Conference		<input type="checkbox"/> Isolation in another classroom	
<input type="checkbox"/> Conference w/student		<input type="checkbox"/> Restitution		<input type="checkbox"/> Out of School Suspension	
		<input type="checkbox"/> Zero Day Suspension		_____	
<u>Student Strengths:</u>					
<u>Comments:</u>					