

Lemmon Valley Elementary Office Referral Form

Name: _____

Date: _____ Time: _____

Teacher: _____

Grade: K 1 2 3 4 5 6

Referring Staff: _____

Location

- Playground Library
 Cafeteria Bathroom
 Hallway/Breezeway
 Arrival/Dismissal
 Classroom Bus
 Other _____

| Minor Problem Behavior | Major Problem Behavior | Possible Motivation |
|--|--|---|
| <input type="checkbox"/> Inappropriate language <input type="checkbox"/> Physical contact <input type="checkbox"/> Defiance <input type="checkbox"/> Disruption <input type="checkbox"/> Dress Code <input type="checkbox"/> Property misuse <input type="checkbox"/> Tardy <input type="checkbox"/> Electronic Violation <input type="checkbox"/> Other _____ | <input type="checkbox"/> Abusive language <input type="checkbox"/> Fighting/ Physical aggression <input type="checkbox"/> Overt Defiance <input type="checkbox"/> Harassment/Bullying <input type="checkbox"/> Dress Code <input type="checkbox"/> Tardy <input type="checkbox"/> Inappropriate Display Aff. <input type="checkbox"/> Electronic Violation <input type="checkbox"/> Lying/ Cheating <input type="checkbox"/> Skipping class <input type="checkbox"/> Other _____ | <input type="checkbox"/> Obtain peer attention <input type="checkbox"/> Obtain adult attention <input type="checkbox"/> Obtain items/activities <input type="checkbox"/> Avoid Peer(s) <input type="checkbox"/> Avoid Adult <input type="checkbox"/> Avoid task or activity <input type="checkbox"/> Don't know <input type="checkbox"/> Other _____ |
| Administrative Decision | | |
| <input type="checkbox"/> Loss of privilege/Loss of recess <input type="checkbox"/> Time in office/Alt. Placement <input type="checkbox"/> Conference with student (Admin or Counselor) <input type="checkbox"/> Parent Contact (Call or email) | <input type="checkbox"/> Individualized instruction <input type="checkbox"/> In-school suspension (____ hours/ days) <input type="checkbox"/> Out of school suspension (____ days) <input type="checkbox"/> Other _____ | |

Others involved in incident: None Peers Staff Teacher Substitute
 Unknown Other

Other comments: _____

I need to talk to the students' teacher I need to talk to the administrator

Parent Signature: _____ **Date:** _____

All minors are filed with classroom teacher. Three minors equal a major.
 All majors require administrator consequence, parent contact, and signature.

Copies To: White – Parent, Yellow – Teacher, Pink – Office