

Skykomish School Office Referral Form

Name: _____

Location

Date: _____ **Time:** _____

Playground Library

Teacher: _____

Cafeteria Bathroom

Hallway

Arrival/Dismissal

Grade: K 1 2 3 4 5 6 7 8 9 10 11 12 Classroom Other _____

Referring Staff: _____ Substitute _____

Beforebreak _____ Afterbreak _____ Transition _____ Class _____

Minor Problem Behavior	Major Problem Behavior	Possible Motivation
<input type="checkbox"/> Inappropriate language	<input type="checkbox"/> Abusive language	<input type="checkbox"/> Obtain peer attention
<input type="checkbox"/> Physical contact	<input type="checkbox"/> Fighting/ Physical Agg.	<input type="checkbox"/> Obtain adult attention
<input type="checkbox"/> Defiance	<input type="checkbox"/> Defiance/Disrespect	<input type="checkbox"/> Obtain items/activities
<input type="checkbox"/> Disruption	<input type="checkbox"/> Harassment/Bullying	<input type="checkbox"/> Avoid Peer(s)
<input type="checkbox"/> Dress Code	<input type="checkbox"/> Dress Code	<input type="checkbox"/> Avoid Adult
<input type="checkbox"/> Property misuse	<input type="checkbox"/> Electronic Violation	<input type="checkbox"/> Avoid task or activity
<input type="checkbox"/> Tardy	<input type="checkbox"/> Lying/ Cheating	<input type="checkbox"/> Don't know
<input type="checkbox"/> Electronic Violation	<input type="checkbox"/> Skipping class	<input type="checkbox"/> Other _____
<input type="checkbox"/> Public Display of Aff.	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Other _____		

Administrative Decision

<input type="checkbox"/> Loss of privilege <input type="checkbox"/> Time in office <input type="checkbox"/> Conference with student <input type="checkbox"/> Parent Contact	<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 _____
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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/Guardian Signature: _____ **Date:** _____

Comments _____
