

Helena Flats School Office Referral Form

- Level I (Handled by teacher)
 Level II (ODR) Level III (ODR)

Entered into SWIS: Yes No

Student: _____

Grade:

- K 1 2
 3 4 5
 6 7 8

Staff Member: _____

Date: _____

- IEP 504

Time: _____

- Location: Classroom Hallway Playground Cafeteria Bus Gym Office Restroom
 Library Off-Campus Computer Lab Assembly/Field Trip Parking Lot

- Minor Problem Behavior (Level I):** Disrespect Defiance Disruption Physical Contact/Physical Aggression
 Tardy Inappropriate Language Property Misuse Dress Code Violation Technology Violation
 Other _____

- Major Problem Behavior (Level II & III):** Defiance/Non-Compliance Physical Aggression / Assault Disruption
 Disrespect Inappropriate Language Tardy Skip Class Bullying Fighting Inappropriate Location
 Truancy Theft/Property Damage Technology Lying/Cheating/Plagiarism/Forgery
 Inappropriate Display of Affection Threats Cyber-bullying
 Chronic Level I Violations
 Use/Possession of (circle one): Tobacco Drugs *Weapons Combustibles Alcohol

*If a weapon was involved, please note the weapon type/size: _____

- Harassment (circle type): Gender Ethnicity Sexual Race Religion Disability Physical Harm
 Other (Specify) _____

- Perceived Motivation:** Obtain Peer Attention Obtain Adult Attention Obtain Item/Activity
 Avoid Peer(s) Avoid Adult Avoid Task/Activity

- Others Involved:** None Peers Teacher Staff Substitute Other _____

- Action Taken:** Alternative Placement Time Out/Detention Conference with Student Loss of Privilege
 Time in Office Individualized Instruction Additional Attendance/Saturday School Bus Suspension
 Restitution Restorative Justice Other Action Taken Parent Contact (contact type: _____)
 In-School Suspension (½ day increments): ____ days Out-of-School Suspension: (½ day increments): ____ days
 Expulsion Peer Mediators Law Enforcement Contact Counseling Referral

NOTES: