SAMPLE
Office Referral Form
SWIS Compatible

Name: _____
Date: _____ **Time:** _____
Teacher: _____
Grade: K 1 2 3 4 5 6 7 8
Referring Staff: _____

Location: _____
☐ Playground ☐ Library
☐ Cafeteria ☐ Bathroom
☐ Hallway ☐ Arrival/Dismissal
☐ Classroom ☐ Other

Problem Behavior	Possible Motivation	Administrative Decision
Minor Major **(Circle One)** *Check specific Major problem behavior* ❑ Inappropriate language ❑ Fighting/physical aggression ❑ Overt defiance ❑ Disruption ❑ Harassment/tease/taunt ❑ Other _____	❑ Obtain peer attention ❑ Obtain adult attention ❑ Obtain items/activities ❑ Avoid Peer(s) ❑ Avoid Adult ❑ Avoid task or activity ❑ Don't know ❑ Other _____	❑ Loss of privilege ❑ Time in office ❑ Conference with Student ❑ Parent Contact ❑ Individualized instruction ❑ In-school suspension (___hours/days) ❑ Out of school suspension (____days) ❑ Other _____

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

If peers were involved, list them

_____

Other Comments:

_____

_____

☐ I need to talk to the student's teacher ☐ I need to talk to the administrator

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Parent Signature: _____ **Date:** _____

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