

Name of Student: _____

Grade: PK K 1 2 3 4 5

Date: _____ Time: _____

Referring Staff: _____

Homeroom Teacher: _____

Location:

Classroom

Hallway:

H1 H2 H3 H4 H5

H6 H7 H8 H9 H10

Bathroom:

B1 B5 B6 B10

Library Playground

Bus Cafeteria

Gym

Other: _____

Subject:

Language Arts

Math

Science

Social Studies

Music

Art

PE

Other: _____

Type of Activity: Independent Activity Group Activity

PROBLEM BEHAVIOR		POSSIBLE MOTIVATION	CONSEQUENCES
Office Referral	Focus/Buddy Room Referral		
<input type="checkbox"/> Fighting/assault <input type="checkbox"/> Threatening/harassment <input type="checkbox"/> Possession/use of weapon/look-alike <input type="checkbox"/> Overt defiance/insubordination/non-compliance <input type="checkbox"/> Abusive language <input type="checkbox"/> Category III: _____	<p>Defiance/disrespect/non-compliant:</p> <input type="checkbox"/> Disrespect <input type="checkbox"/> Lying and cheating <input type="checkbox"/> Running in the hall/building <input type="checkbox"/> Uncooperative <input type="checkbox"/> Out of assigned area	<input type="checkbox"/> Obtain peer attention <input type="checkbox"/> Obtain adult attention <input type="checkbox"/> Obtain items/activities <input type="checkbox"/> Avoid work <input type="checkbox"/> Avoid peer(s) <input type="checkbox"/> Avoid adult <input type="checkbox"/> Unclear/Don't know <input type="checkbox"/> Other: _____	<input type="checkbox"/> Time in Focus Room <input type="checkbox"/> Time in office <input type="checkbox"/> Loss of Privileges <input type="checkbox"/> Conference w/T, A, ST <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 (____ hours/days) <input type="checkbox"/> Expulsion <input type="checkbox"/> Unknown
	<p>Disruption:</p> <input type="checkbox"/> Disruption <input type="checkbox"/> Calling Out <input type="checkbox"/> Tantrums		
	<p>Inappropriate Verbal Language:</p> <input type="checkbox"/> Non-directed profanity <input type="checkbox"/> Inappropriate language/profanity <input type="checkbox"/> Inappropriate statements to peers <input type="checkbox"/> Teasing and taunting		
	<p>Physical Contacts:</p> <input type="checkbox"/> Unsafe/rough play <input type="checkbox"/> Intentional pushing and shoving		
	<p>Property Misuse:</p> <input type="checkbox"/> Theft		

Teacher Response (check one): Advanced prompting Verbal and visual reminder Sit & Think Buddy Sit & Think
 Peer Help Chill Time Redirect
 Other _____

Others involved in incident: None Peers Teacher Substitute Teacher Staff 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