**SOUTH FREDERICK ELEMENTARY REFERRAL FORM**

**Student:** ____________________________  **Referral By:** ____________________________  **Time:** ____________________________  **Date:** ____________________________

**Grade:** ______  **Homeroom:** ______  **Staff Members Present:** ______  **Recorded** □

**LOCATION:** (choose one)
- Cafeteria
- Hallway
- Classroom
- Playground
- Outside, dismissal or arrival
- Bathroom
- Media Center
- Computer Lab
- Gymnasium
- Office
- Bus
- Other ____________________________

**STUDENT:** (choose one)
- Was asked to do something
- Resisted transition
- Could not get desired item/activity
- Was emotional or upset
- Was provoked by another student
- Other ____________________________

**BEHAVIOR:** (choose one)
- Abusive/inappropriate language
- Fighting
- Physical Aggression
- Insubordination
- Student Threat
- Disruption
- Harassment/Discrimination
- Property damage (school)
- Property damage (others)
- Vandalism
- Theft
- Other ____________________________

**MOTIVATION:** (choose one)
- Obtain peer attention
- Obtain teacher attention
- Obtain item/activity
- Avoid work
- Avoid peers
- Avoid adult
- Other ____________________________

**PREVIOUS ACTIONS**
- NOT APPLICABLE
- Warning
- Verbal redirection
- Problem solving
- Required to continue activity
- Time-out in room (duration _______ )
- Time out in another room (duration _______ )
- Separation of students
- Additional task/assignment given
- Loss time on recess/activity
- Loss access to items
- Parent phone call
- Parent conference
- **Attach any relevant Documentation Forms**

**DESCRIPTION OF INCIDENT**

________________________________________________________________________

**ACTIONS TAKEN**

<table>
<thead>
<tr>
<th>Conference With:</th>
<th>Date</th>
<th>Referral to:</th>
<th>Student Assignment:</th>
<th>Behavior Interventions:</th>
<th>Administrative Actions:</th>
<th>Date(s)</th>
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<tbody>
<tr>
<td>Student □ Parent □ Pupil Personnel □ School Psychologist □ Elementary Director □</td>
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<td>SST □</td>
<td>Letter □</td>
<td>Social Skills Booster Group □</td>
<td>Warning □</td>
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<td>Guidance □</td>
<td>Written summary □</td>
<td>Behavior Contract □</td>
<td>Loss of Privilege □</td>
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<td>Student Support □</td>
<td>School assignment □</td>
<td>Behavior Card □</td>
<td>Student Threat Assessment □</td>
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<td>CASS □</td>
<td>Call parent □</td>
<td>BIP □</td>
<td>In-school Retention □</td>
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<td>Mental Health □</td>
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<td>Suspension □</td>
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**COMMENTS:**

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________________________________________________________________________

________________________________________________________________________

Administrator’s Signature ____________________________  **Date:** ______________  **Parent Requested Copy of Referral** □