

SOUTH FREDERICK ELEMENTARY REFERRAL FORM

**Student:** \_\_\_\_\_ **Referred By:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Grade:** \_\_\_\_\_ **Homeroom:** \_\_\_\_\_ **Staff Members Present:** \_\_\_\_\_ **Recorded**

<p><b>LOCATION: (choose one)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Cafeteria</li> <li><input type="checkbox"/> Hallway</li> <li><input type="checkbox"/> Classroom</li> <li><input type="checkbox"/> Playground</li> <li><input type="checkbox"/> Outside, dismissal or arrival</li> <li><input type="checkbox"/> Bathroom</li> <li><input type="checkbox"/> Media Center</li> <li><input type="checkbox"/> Computer Lab</li> <li><input type="checkbox"/> Gymnasium</li> <li><input type="checkbox"/> Office</li> <li><input type="checkbox"/> Bus</li> <li><input type="checkbox"/> Other _____</li> </ul>	<p><b>STUDENT: (choose one)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Was asked to do something</li> <li><input type="checkbox"/> Resisted transition</li> <li><input type="checkbox"/> Could not get desired item/activity</li> <li><input type="checkbox"/> Was emotional or upset</li> <li><input type="checkbox"/> Was provoked by another student</li> <li><input type="checkbox"/> Other _____</li> </ul> <p><b>MOTIVATION (choose one)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Obtain peer attention</li> <li><input type="checkbox"/> Obtain teacher attention</li> <li><input type="checkbox"/> Obtain item/activity</li> <li><input type="checkbox"/> Avoid work</li> <li><input type="checkbox"/> Avoid peers</li> <li><input type="checkbox"/> Avoid adult</li> <li><input type="checkbox"/> Unclear/don't know</li> </ul>	<p><b>BEHAVIOR (choose one)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Abusive/inappropriate language</li> <li><input type="checkbox"/> Fighting</li> <li><input type="checkbox"/> Physical Aggression</li> <li><input type="checkbox"/> Insubordination</li> <li><input type="checkbox"/> Student Threat</li> <li><input type="checkbox"/> Disruption</li> <li><input type="checkbox"/> Harassment/Discrimination</li> <li><input type="checkbox"/> Property damage (school)</li> <li><input type="checkbox"/> Property damage (others)</li> <li><input type="checkbox"/> Vandalism</li> <li><input type="checkbox"/> Theft</li> <li><input type="checkbox"/> Other _____</li> </ul>	<p><b>PREVIOUS ACTIONS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> NOT APPLICABLE</li> <li><input type="checkbox"/> Warning</li> <li><input type="checkbox"/> Verbal redirection</li> <li><input type="checkbox"/> Problem solving</li> <li><input type="checkbox"/> Required to continue activity</li> <li><input type="checkbox"/> Time-out in room (duration_____)</li> <li><input type="checkbox"/> Time out in another room (duration_____)</li> <li><input type="checkbox"/> Separation of students</li> <li><input type="checkbox"/> Additional task/assignment given</li> <li><input type="checkbox"/> Loss time on recess/activity</li> <li><input type="checkbox"/> Loss access to items</li> <li><input type="checkbox"/> Parent phone call</li> <li><input type="checkbox"/> Parent conference</li> </ul> <p style="text-align: center;"><b><u>Attach any relevant Documentation Forms</u></b></p>
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**DESCRIPTION OF INCIDENT** \_\_\_\_\_

**ACTIONS TAKEN**

Conference With:	Date	Referral to:	Student Assignment:	Behavior Interventions:	Administrative Actions:	Date(s)
Student <input type="checkbox"/> Parent <input type="checkbox"/> Pupil Personnel <input type="checkbox"/> School Psychologist <input type="checkbox"/> Elementary Director <input type="checkbox"/>		SST <input type="checkbox"/> Guidance <input type="checkbox"/> Student Support <input type="checkbox"/> CASS <input type="checkbox"/> Mental Health <input type="checkbox"/>	Letter <input type="checkbox"/> Written summary <input type="checkbox"/> School assignment <input type="checkbox"/> Call parent <input type="checkbox"/>	Social Skills Booster Group <input type="checkbox"/> Behavior Contract <input type="checkbox"/> Behavior Card <input type="checkbox"/> BIP <input type="checkbox"/>	Warning <input type="checkbox"/> Letter of Probation <input type="checkbox"/> Loss of Privilege <input type="checkbox"/> Student Threat Assessment <input type="checkbox"/> In-school Retention <input type="checkbox"/> Suspension <input type="checkbox"/>	

**COMMENTS:** \_\_\_\_\_

**Administrator's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Parent Requested Copy of Referral**