**Person Originating the Referral: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **INCIDENT INFORMATION** |
| Date \_\_\_/\_\_\_/\_\_\_\_\_ | Time \_\_\_:\_\_\_ am/pm | Number(s) involved \_\_\_\_ | Serious Bodily Injury: ❑ Yes ❑No |
|  | **Incident Category** |  |
| ❑ | Tardiness Or Truancy | ❑ | Disrespectful/ Inappropriate Conduct | ❑ | Aggressive Conduct | ❑ | Weapons |
| ❑ | Failure To Obey Rules/ Authority | ❑ | Legal Concerns | ❑ | Illegal Drugs/ Substances |  |  |
|  | **Location** |  |
| ❑ | Athletic Field | ❑ | Bus | ❑ | Gym | ❑ | Playground |
| ❑ | Auditorium | ❑ | Cafeteria | ❑ | Hall/ Breeze Way | ❑ | Parking Lot |
| ❑ | Bathroom/ Restroom | ❑ | Classroom | ❑ | Locker Room | ❑ | Shop Area |
| ❑ | Bus Loading Zone | ❑ | Computer Lab | ❑ | Library | ❑ | Special Event/ Assembly/ Field Trip |
| ❑ | Bus Stop | ❑ | Commons/ Common Areas | ❑ | Office | ❑ | Stairwell |
| **COMPLETE THE FOLLOWING INFORMATION FOR EACH PERSON INVOLVED IN THE INCIDENT****Use separate sheets for each person. All sheets completed for a single incident should be stapled together.**  |
| **Person Number \_\_** | **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Role?** | ❑ | Peer | ❑ | Staff | ❑ | Student | ❑ | Substitute | ❑ | Other |
| **Behaviors Exhibited**  |
| **You may indicate up to THREE behaviors for each person involved as follows:****P = Primary (Most Severe) Behavior S = Secondary Behavior A = Additional Behavior** |
| \_\_\_\_ Involved as non-offender or target \_\_\_\_ Cheating\_\_\_\_ Deceit\_\_\_\_ Disruptive/Disrespectful Conduct\_\_\_\_ Failure to Serve Detention\_\_\_\_ Falsifying Identity\_\_\_\_ Inappropriate Appearance\_\_\_\_ Inappropriate Display of Affection\_\_\_\_ Inappropriate Language\_\_\_\_ Possession of Inappropriate Personal Property\_\_\_\_ Skipping Class\_\_\_\_ Tardiness\_\_\_\_ Vehicle Parking Violation\_\_\_\_ Gang Related Activity\_\_\_\_ Habitual Violation of School Rules or Policies\_\_\_\_ Insubordination | \_\_\_\_ Leaving School Without Permission\_\_\_\_ Physical Fight Without Injury\_\_\_\_ Possession of Imitation Weapon\_\_\_\_ Possession of Knife not meeting Dangerous Weapon Definition (West Virginia Code §61-7-2)\_\_\_\_ Profane Language/ Obscene Gesture/ Indecent Act Toward An Employee or A Student\_\_\_\_ Technology Misuse\_\_\_\_ Battery Against a Student\_\_\_\_ Defacing School Property/ Vandalism\_\_\_\_ False Fire Alarm\_\_\_\_ Fraud/Forgery\_\_\_\_ Gambling\_\_\_\_ Hazing\_\_\_\_ Improper or Negligent Operation of a Motor Vehicle\_\_\_\_ Larceny\_\_\_\_ Sexual Misconduct | \_\_\_\_ Threat of Injury/Assault Against An Employee or A Student\_\_\_\_ Trespassing\_\_\_\_ Harassment/Bullying/Intimidation\_\_\_\_ Imitation Drugs: Possession, Use, Distribution or Sale \_\_\_\_ Inhalant Abuse\_\_\_\_ Possession/Use of Substance Containing Tobacco and/or Nicotine\_\_\_\_ Battery Against a School Employee\_\_\_\_ Felony\_\_\_\_ Possession and/or Use of Dangerous Weapon\_\_\_\_ Illegal Substance Related Behaviors (Check which below):\_\_\_\_ Use/Possession of Illicit Drugs\_\_\_\_ Use/Possession of Alcohol\_\_\_\_ Sale of a Narcotic |
| Was Restraint Required for this Person? | ❑ Yes ❑No |  |  |
| This offense reflects a need for intervention for which of the School and Community Social Skill Standards? |
| ❑ Self-awareness and Self-management | ❑ Social-awareness and Interpersonal Skills | ❑Decision-making Skills and Responsible Behaviors |
| Comments: |
| **Interventions** |
| **You may indicate up to TWO Interventions each person as follows: P = Primary Action S = Secondary Action** |
| \_\_\_\_ No action warranted\_\_\_\_ Administrator/student conference or reprimand\_\_\_\_ Teacher/student conference or reprimand\_\_\_\_ Administrator and teacher-parent/guardian conference\_\_\_\_ Teacher parent contact\_\_\_\_ Academic sanctions\_\_\_\_ Counseling referrals and conference to support staff or agencies\_\_\_\_ Daily/weekly progress reports\_\_\_\_ Behavioral contracts\_\_\_\_ Referral to IEP Team | \_\_\_\_ Referral to medical or mental health service \_\_\_\_ Referral to support staff/ counseling/ other therapeutic services \_\_\_\_ Referral to a tobacco cessation program\_\_\_\_ Change in the student's class schedule\_\_\_\_ School service assignment\_\_\_\_ Confiscation of inappropriate item\_\_\_\_ Revocation of privileges\_\_\_\_ Restitution/restoration\_\_\_\_ Detention – lunch\_\_\_\_ Detention - before school\_\_\_\_ Detention - after school\_\_\_\_ Denial of participation in class and/or school activities | \_\_\_\_ Immediate exclusion by teacher from the classroom\_\_\_\_ Voluntary weekend detention \_\_\_\_ In-school suspension\_\_\_\_ Law enforcement notification \_\_\_\_ Placement of student w/disability to Interim Alt. Ed. by school personnel\_\_\_\_ Placement of student w/ disability to Interim Alt. Ed. by WVDE Due Process Hearing Officer\_\_\_\_ Placement of student to Alt. Ed. Setting \_\_\_\_ Out-of-school suspension\_\_\_\_ Recommended Expulsion |
| **Primary**: Start Date: | \_\_\_/\_\_\_/\_\_\_\_\_ | End Date | \_\_\_/\_\_\_/\_\_\_\_\_ | **Secondary:** Start Date: | \_\_\_/\_\_\_/\_\_\_\_\_ | End Date | \_\_\_/\_\_\_/\_\_\_\_\_ |
| **Duration: \_\_\_\_\_\_\_\_\_ Days** | **Duration: \_\_\_\_\_\_\_\_\_ Days** |
| Comments |