

Expected Behaviors in Safe and Supportive Schools: Discipline Referral Form (Rev. 6/6/2012).

Person Originating the Referral: _____

INCIDENT INFORMATION

Date ___/___/___ Time ___:___ am/pm Number(s) involved ___ Serious Bodily Injury: Yes No

Incident Category

- | | | | |
|---|---|--|----------------------------------|
| <input type="checkbox"/> Tardiness Or Truancy | <input type="checkbox"/> Disrespectful/ Inappropriate Conduct | <input type="checkbox"/> Aggressive Conduct | <input type="checkbox"/> Weapons |
| <input type="checkbox"/> Failure To Obey Rules/ Authority | <input type="checkbox"/> Legal Concerns | <input type="checkbox"/> Illegal Drugs/ Substances | |

Location

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Athletic Field | <input type="checkbox"/> Bus | <input type="checkbox"/> Gym | <input type="checkbox"/> Playground |
| <input type="checkbox"/> Auditorium | <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Hall/ Breeze Way | <input type="checkbox"/> Parking Lot |
| <input type="checkbox"/> Bathroom/ Restroom | <input type="checkbox"/> Classroom | <input type="checkbox"/> Locker Room | <input type="checkbox"/> Shop Area |
| <input type="checkbox"/> Bus Loading Zone | <input type="checkbox"/> Computer Lab | <input type="checkbox"/> Library | <input type="checkbox"/> Special Event/ Assembly/ Field Trip |
| <input type="checkbox"/> Bus Stop | <input type="checkbox"/> Commons/ Common Areas | <input type="checkbox"/> Office | <input type="checkbox"/> 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 | ___ Leaving School Without Permission | ___ Threat of Injury/Assault Against An Employee or A Student |
| ___ Cheating Level 1 | ___ Physical Fight Without Injury | ___ Trespassing |
| ___ Deceit | ___ Possession of Imitation Weapon | ___ Harassment/Bullying/Intimidation |
| ___ Disruptive/Disrespectful Conduct | ___ Possession of Knife not meeting Dangerous Weapon Definition (West Virginia Code §61-7-2) | ___ Imitation Drugs: Possession, Use, Distribution or Sale |
| ___ Failure to Serve Detention | ___ Profane Language/ Obscene Gesture/ Indecent Act Toward An Employee or A Student | ___ Inhalant Abuse |
| ___ Falsifying Identity | ___ Technology Misuse Level 2 | ___ Possession/Use of Substance Containing Tobacco and/or Nicotine Level 3 |
| ___ Inappropriate Appearance | ___ Battery Against a Student Level 3 | ___ Battery Against a School Employee Level 4 |
| ___ Inappropriate Display of Affection | ___ Defacing School Property/ Vandalism | ___ Felony |
| ___ Inappropriate Language | ___ False Fire Alarm | ___ Possession and/or Use of Dangerous Weapon |
| ___ Possession of Inappropriate Personal Property | ___ Fraud/Forgery | ___ Illegal Substance Related Behaviors (Check which below): |
| ___ Skipping Class | ___ Gambling | ___ Use/Possession of Illicit Drugs |
| ___ Tardiness | ___ Hazing | ___ Use/Possession of Alcohol |
| ___ Vehicle Parking Violation Level 1 | ___ Improper or Negligent Operation of a Motor Vehicle | ___ Sale of a Narcotic |
| ___ Gang Related Activity Level 2 | ___ Larceny | |
| ___ Habitual Violation of School Rules or Policies | ___ Sexual Misconduct | |
| ___ Insubordination | | |

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 | ___ Referral to medical or mental health service | ___ Immediate exclusion by teacher from the classroom |
| ___ Administrator/student conference or reprimand | ___ Referral to support staff/ counseling/ other therapeutic services | ___ Voluntary weekend detention |
| ___ Teacher/student conference or reprimand | ___ Referral to a tobacco cessation program | ___ In-school suspension |
| ___ Administrator and teacher-parent/guardian conference | ___ Change in the student's class schedule | ___ Law enforcement notification |
| ___ Teacher parent contact | ___ School service assignment | ___ Placement of student w/disability to Interim Alt. Ed. by school personnel |
| ___ Academic sanctions | ___ Confiscation of inappropriate item | ___ Placement of student w/ disability to Interim Alt. Ed. by WVDE Due Process Hearing Officer |
| ___ Counseling referrals and conference to support staff or agencies | ___ Revocation of privileges | ___ Placement of student to Alt. Ed. Setting |
| ___ Daily/weekly progress reports | ___ Restitution/restoration | ___ Out-of-school suspension |
| ___ Behavioral contracts | ___ Detention – lunch | ___ Recommended Expulsion |
| ___ Referral to IEP Team | ___ Detention - before school | |
| | ___ Detention - after school | |
| | ___ Denial of participation in class and/or school activities | |

Primary: Start Date: ___/___/___ End Date: ___/___/___ **Secondary:** Start Date: ___/___/___ End Date: ___/___/___

Duration: _____ Days

Duration: _____ Days

Comments