



# Documentation Project

## Referral Form Examples

Version 4.0

June 1, 2006

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### **Intended Audience**

Referral form examples are for School Administrators, school teams and SWIS Facilitators to use as a guide for developing an office discipline referral form.

### **Description**

The three available referral form examples are each compatible with SWIS. Each example is formatted differently, in size of paper, actual categories on the form, and the order of the information to be recorded.

Example A

SWIS™ OFFICE DISCIPLINE REFERRAL FORM

Student(s) \_\_\_\_\_ Referring Staff \_\_\_\_\_ Grade Level \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

**Location**

- |  |  |   |                                      |
|--|--|---|--------------------------------------|
| <input type="checkbox"/> Classroom           | <input type="checkbox"/> Cafeteria         | <input type="checkbox"/> Bus loading zone                   | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Playground          | <input type="checkbox"/> Bathroom/restroom | <input type="checkbox"/> Parking lot                        |                                      |
| <input type="checkbox"/> Commons/common area | <input type="checkbox"/> Gym               | <input type="checkbox"/> On bus                             |                                      |
| <input type="checkbox"/> Hallway/ breezeway  | <input type="checkbox"/> Library           | <input type="checkbox"/> Special event/assembly/ field trip |                                      |

**Problem Behaviors (check the most intrusive)**

**MINOR**

- Inappropriate lang.
- Physical contact
- Defiance/disrespect/ non-compliance
- Disruption
- Dress Code
- Technology violation
- Property misuse
- Tardy
- Other \_\_\_\_\_

**MAJOR**

- Abusive lang./ inapprop. lang
- Fighting/ physical aggression
- Defiance/disrespect/insubordination/non-compliant
- Harassment/ tease/ taunt
- Disruption
- Inappropriate Display of Affection
- Technology Violation
- Tardy

- Skip class/ truancy
- Vandalism
- Forgery/ theft
- Property damage
- Dress code violation
- Bomb threat
- Lying/cheating
- Arson
- Tobacco
- Weapons
- Alcohol/drugs
- Other \_\_\_\_\_
- Combustibles
- Off School Location

**Possible Motivation**

- |   |   |                                      |
|---|---|--------------------------------------|
| <input type="checkbox"/> Obtain peer attention    | <input type="checkbox"/> Avoid tasks/activities | <input type="checkbox"/> Don't know  |
| <input type="checkbox"/> Obtain adult attention   | <input type="checkbox"/> Avoid peer(s)          | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Obtain items/ activities | <input type="checkbox"/> Avoid adult(s)         |                                      |

**Others Involved**

- None     Peers     Staff     Teacher     Substitute     Unknown     Other \_\_\_\_\_

**Administrative Decision**

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Time in office          | <input type="checkbox"/> Detention      | <input type="checkbox"/> Saturday School            | <input type="checkbox"/> In-school suspension     |
| <input type="checkbox"/> Loss of privilege       | <input type="checkbox"/> Parent contact | <input type="checkbox"/> Individualized instruction | <input type="checkbox"/> Out-of-school suspension |
| <input type="checkbox"/> Conference with student | <input type="checkbox"/> Other _____    |   |   |

**Comments:**

**Example B**

## Office Referral Form

**Name:** \_\_\_\_\_ **Location**  
**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_  Playground  Library  
**Teacher:** \_\_\_\_\_  Cafeteria  Bathroom  
**Grade:** K 1 2 3 4 5 6 7 8  Hallway  Arrival/Dismissal  
**Referring Staff:** \_\_\_\_\_  Classroom  Other \_\_\_\_\_

Minor Problem Behavior	Major Problem Behavior	Possible Motivation
<input type="checkbox"/> Inappropriate language <input type="checkbox"/> Physical contact <input type="checkbox"/> Defiance <input type="checkbox"/> Disruption <input type="checkbox"/> Dress Code <input type="checkbox"/> Property misuse <input type="checkbox"/> Tardy <input type="checkbox"/> Electronic Violation <input type="checkbox"/> Other _____	<input type="checkbox"/> Abusive language <input type="checkbox"/> Fighting/ Physical aggression <input type="checkbox"/> Overt Defiance <input type="checkbox"/> Harassment/Bullying <input type="checkbox"/> Dress Code <input type="checkbox"/> Tardy <input type="checkbox"/> Inappropriate Display Aff. <input type="checkbox"/> Electronic Violation <input type="checkbox"/> Lying/ Cheating <input type="checkbox"/> Skipping class <input type="checkbox"/> Other _____	<input type="checkbox"/> Obtain peer attention <input type="checkbox"/> Obtain adult attention <input type="checkbox"/> Obtain items/activities <input type="checkbox"/> Avoid Peer(s) <input type="checkbox"/> Avoid Adult <input type="checkbox"/> Avoid task or activity <input type="checkbox"/> Don't know <input type="checkbox"/> Other _____
Administrative Decision		
<input type="checkbox"/> Loss of privilege <input type="checkbox"/> Time in office <input type="checkbox"/> Conference with student <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 (____ days) <input type="checkbox"/> Other _____	

**Others involved in incident:**  None  Peers  Staff  Teacher  Substitute  
 Unknown  Other

**Other comments:**

\_\_\_\_\_

I need to talk to the students' teacher  I need to talk to the administrator

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

All minors are filed with classroom teacher. Three minors equal a major.  
 All majors require administrator consequence, parent contact, and signature.

Example C

Office Discipline Referral Form

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

Referring Person: \_\_\_\_\_ Time: \_\_\_\_\_

Others involved:  no one  peers  teacher  staff  substitute  unknown

**Issue of Concern**      **Location**      **Possible Motivation**

**Major Problem Behaviors**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> abusive lang          | <input type="checkbox"/> playground      | <input type="checkbox"/> Attention from peer(s)  |
| <input type="checkbox"/> fighting/physical agg | <input type="checkbox"/> cafeteria       | <input type="checkbox"/> Attention from adult(s) |
| <input type="checkbox"/> harassment            | <input type="checkbox"/> passing area    | <input type="checkbox"/> Avoid peer(s)           |
| <input type="checkbox"/> overt defiance        | <input type="checkbox"/> bathroom        | <input type="checkbox"/> Avoid adult(s)          |
| <input type="checkbox"/> tardy                 | <input type="checkbox"/> parking lot     | <input type="checkbox"/> Avoid work              |
| <input type="checkbox"/> dress code            | <input type="checkbox"/> classroom       | <input type="checkbox"/> Obtain item(s)          |
| <input type="checkbox"/> electronic violation  | <input type="checkbox"/> restricted area | <input type="checkbox"/> Other _____             |
| <input type="checkbox"/> other _____           | <input type="checkbox"/> special event   | <input type="checkbox"/> Don't know              |

**Minor Problem Behaviors**

- |  |  |
|--|--|
| <input type="checkbox"/> inappropriate. lang | <input type="checkbox"/> common area _____ |
| <input type="checkbox"/> disruption          | <input type="checkbox"/> other _____       |
| <input type="checkbox"/> property misuse     |  |
| <input type="checkbox"/> non-compliance      |  |
| <input type="checkbox"/> tardy               |  |
| <input type="checkbox"/> other _____         |  |

What happened? \_\_\_\_\_

**Consequences**

- |  |   |
|--|---|
| <input type="checkbox"/> lose recess         | <input type="checkbox"/> lose other privilege _____ |
| <input type="checkbox"/> conference          | <input type="checkbox"/> in-school suspension       |
| <input type="checkbox"/> parent contact      | <input type="checkbox"/> out-of-school suspension   |
| <input type="checkbox"/> follow up agreement |   |

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**Follow up Agreement**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. **What rule(s) did you break? (Circle)**

**Be Safe                      Be Respectful                      Be Responsible**

2. **What did you want?**

- |   |   |
|---|---|
| <input type="checkbox"/> I wanted attention from others                               | <input type="checkbox"/> I wanted to be in control of the situation |
| <input type="checkbox"/> I wanted to challenge adult(s)                               | <input type="checkbox"/> I wanted to avoid doing my work            |
| <input type="checkbox"/> I wanted to be sent home                                     | <input type="checkbox"/> I wanted revenge                           |
| <input type="checkbox"/> I wanted to cause problems because I feel miserable inside   |   |
| <input type="checkbox"/> I wanted to cause others problems because they don't like me |   |
| <input type="checkbox"/> I wanted _____   |   |

3. **Did you get what you wanted?**  yes  no

4. **What will you do differently next time?**

I will be \_\_\_\_\_ by \_\_\_\_\_

5. **Student signature:** \_\_\_\_\_

6. **Adult signature(s):** \_\_\_\_\_