

## Jefferson Elementary School Office Discipline Referral

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

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location (Circle One)

Teacher: \_\_\_\_\_

Playground

Classroom

Arrival/Dismissal

Grade: K 1 2 3 4 5

Cafeteria

Library

Other \_\_\_\_\_

Referring Staff: \_\_\_\_\_

Hallway

Bathroom

Minor Problem Behavior (choose one)	Major Problem Behavior (choose one)	Perceived Motivation (choose one)
<p><b>Be Safe</b></p> <input type="checkbox"/> Property Misuse <input type="checkbox"/> Physical Contact	<p><b>Be Safe</b></p> <input type="checkbox"/> Property Damage/Vandalism <input type="checkbox"/> Fighting/Physical Aggression <input type="checkbox"/> Building Threats Other _____	<input type="checkbox"/> Obtain Peer Attention <input type="checkbox"/> Obtain Adult Attention <input type="checkbox"/> Obtain Items/Activities <input type="checkbox"/> Avoid Tasks/Activities <input type="checkbox"/> Avoid Peer(s) <input type="checkbox"/> Avoid Adult(s) <input type="checkbox"/> Other _____
<p><b>Be Respectful</b></p> <input type="checkbox"/> Inappropriate Language/Gesture <input type="checkbox"/> Defiance <input type="checkbox"/> Dress Code	<p><b>Be Respectful</b></p> <input type="checkbox"/> Abusive Language/Harassment <input type="checkbox"/> Defiance <input type="checkbox"/> Bullying	<p style="text-align: center;"><b>Others Involved (choose all that apply)</b></p> <input type="checkbox"/> None <input type="checkbox"/> Peers <input type="checkbox"/> Teacher <input type="checkbox"/> Staff Member <input type="checkbox"/> Substitute <input type="checkbox"/> Other _____
<p><b>Be Responsible</b></p> <input type="checkbox"/> Disruption <input type="checkbox"/> Lying/Cheating <input type="checkbox"/> Stealing <input type="checkbox"/> Technology Violation	<p><b>Be Responsible</b></p> <input type="checkbox"/> Disruption <input type="checkbox"/> Stealing <input type="checkbox"/> Technology Violation	
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	

**Description of incident:**

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Action Taken by Staff Member – Minor	Action Taken by Administrator – Major
Parent contact made by staff member: _____  <div style="text-align: right;">Date &amp; Time</div>	Parent contact made by staff member: _____  <div style="text-align: right;">Date &amp; Time</div>
<input type="checkbox"/> Re-teaching <input type="checkbox"/> Loss of Privilege (Recess, Break, _____) <input type="checkbox"/> Conference with student <input type="checkbox"/> Other _____	<input type="checkbox"/> Re-teaching <input type="checkbox"/> Time in Office <input type="checkbox"/> In-School Suspension (_____ hours / days) <input type="checkbox"/> Out of School Suspension (_____ days) <input type="checkbox"/> Other _____

\_\_\_\_\_  
 Staff Signature    Student Signature  
 White – Parent                      Pink – Classroom Teacher                      Yellow – Office