

**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)**

- |  |  |   |  |
|--|--|---|--|
| <b>MINOR</b>   | <b>MAJOR</b>   |   |  |
| <input type="checkbox"/> Inappropriate lang.                 | <input type="checkbox"/> Abusive lang./ inapprop. lang                     | <input type="checkbox"/> Skip class/ truancy  | <input type="checkbox"/> Vandalism       |
| <input type="checkbox"/> Physical contact                    | <input type="checkbox"/> Fighting/ physical aggression                     | <input type="checkbox"/> Forgery/ theft       | <input type="checkbox"/> Property damage |
| <input type="checkbox"/> Defiance/disrespect/ non-compliance | <input type="checkbox"/> Defiance/disrespect/insubordination/non-compliant | <input type="checkbox"/> Dress code violation | <input type="checkbox"/> Bomb threat     |
| <input type="checkbox"/> Disruption                          | <input type="checkbox"/> Harassment/ tease/ taunt                          | <input type="checkbox"/> Lying/cheating       | <input type="checkbox"/> Arson           |
| <input type="checkbox"/> Dress Code                          | <input type="checkbox"/> Disruption  | <input type="checkbox"/> Tobacco              | <input type="checkbox"/> Weapons         |
| <input type="checkbox"/> Technology violation                | <input type="checkbox"/> Inappropriate Display of Affection                | <input type="checkbox"/> Alcohol/drugs        | <input type="checkbox"/> Other _____     |
| <input type="checkbox"/> Property misuse                     | <input type="checkbox"/> Technology Violation                              | <input type="checkbox"/> Combustibles         |  |
| <input type="checkbox"/> Tardy                               | <input type="checkbox"/> Tardy   | <input type="checkbox"/> Off School Location  |  |
| <input type="checkbox"/> Other _____                         |  |   |  |

**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**

**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 _____
<b>Administrative Decision</b>		
<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

- abusive lang  playground  Attention from peer(s)
 fighting/physical agg  cafeteria  Attention from adult(s)
 harassment  passing area  Avoid peer(s)
 overt defiance  bathroom  Avoid adult(s)
 tardy  parking lot  Avoid work
 dress code  classroom  Obtain item(s)
 electronic violation  restricted area  Other \_\_\_\_\_
 other \_\_\_\_\_  special event  Don't know

Minor Problem Behaviors  common area \_\_\_\_\_

- inappropriate. lang  other \_\_\_\_\_
 disruption
 property misuse
 non-compliance
 tardy
 other \_\_\_\_\_

What happened?

Consequences

- lose recess  lose other privilege \_\_\_\_\_
 conference  in-school suspension
 parent contact  out-of-school suspension
 follow up agreement \_\_\_\_\_

Follow up Agreement

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

- 1. What rule(s) did you break? (Circle) Be Safe Be Respectful Be Responsible
2. What did you want?
 I wanted attention from others  I wanted to be in control of the situation
 I wanted to challenge adult(s)  I wanted to avoid doing my work
 I wanted to be sent home  I wanted revenge
 I wanted to cause problems because I feel miserable inside
 I wanted to cause others problems because they don't like me
 I wanted \_\_\_\_\_

3. Did you get what you wanted?  yes  no

4. What will you do differently next time?

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