## SWIS Office Discipline Referral Form

<table>
<thead>
<tr>
<th>Student</th>
<th>Grade</th>
<th>Staff</th>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
</table>

### Location
- [ ] Classroom
- [ ] Cafeteria
- [ ] Restroom □A □B □C □Library
- [ ] Hallway □ East □ West
- [ ] Bus □ Loading Zone □ Common areas □ Special Event/Field Trip
- [ ] Playground □ Gym □ Other: _____________________________

### Problem Behaviors
Circle the most intrusive. Check one to three secondary behaviors if applicable.

**MINOR**
- [ ] Defiance/ disrespect/ non-compliance
- [ ] Disruption
- [ ] Physical contact
- [ ] Tardy
- [ ] Inappropriate lang.
- [ ] Property misuse
- [ ] Dress code
- [ ] Technology
- [ ] Other: __________

**MAJOR**
- [ ] Bullying
- [ ] Disrespect
- [ ] Inappropriate location/ out of bounds area
- [ ] Disruption
- [ ] Physical aggression
- [ ] Truancy
- [ ] Disrespect
- [ ] Inappropriate location/ out of bounds area
- [ ] Inappropriate display of affection
- [ ] Other: __________

### Possible Motivation
- [ ] Obtain Peer Attention
- [ ] Obtain Items/ activities
- [ ] Obtain Adult Attention
- [ ] Other
- [ ] Avoid Peer Attention
- [ ] Avoid Tasks/ activities
- [ ] Avoid Adult Attention
- [ ] Unknown

### Others involved:
- [ ] No One □ Peers □ Teacher □ Staff □ Substitute □ Unknown □ Other: _____________

### Restraint/ Seclusion:
- [ ] None ■ Restraint ■ Seclusion ■ Restraint & Seclusion

### Action(s) Taken
Circle the most severe. Check one to three secondary behaviors, if applicable.
- [ ] Time out/ detention
- [ ] Out-of-sch. Susp. ___ days
- [ ] Additional attendance
- [ ] Expulsion ___ days
- [ ] Confer. w/ student
- [ ] Parent contact
- [ ] Bus suspension
- [ ] Alternative Placement
- [ ] In-sch. susp. ___ days
- [ ] Time in office
- [ ] Restitution
- [ ] Action Pending
- [ ] Loss of privileges
- [ ] Individual instruction
- [ ] Community service
- [ ] Other: _____________

### Notes
# Office Referral Form

<table>
<thead>
<tr>
<th>Name: ____________________________</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date: _______________ Time: ___________</td>
<td>□ Classroom</td>
</tr>
<tr>
<td>Teacher: __________________________</td>
<td>□ Playground</td>
</tr>
<tr>
<td>Referring Staff: ____________________</td>
<td>□ Bathroom</td>
</tr>
<tr>
<td>Grade:  K  1  2  3  4  5</td>
<td>□ Other ____________________</td>
</tr>
</tbody>
</table>

**Minor Problem Behavior**

- □ Defiance
- □ Disrespect
- □ Physical Contact
- □ Tardy
- □ Inappropriate Language
- □ Property Misuses
- □ Dress Code
- □ Electronic Violation
- □ Other _________________

**Major Problem Behavior**

- □ Defiance
- □ Disrespect
- □ Abusive Language
- □ Harassment
- □ Fighting
- □ Electronic Violation
- □ Property Damage
- □ Lying/ Cheating
- □ Dress Code
- □ Inappropriate Display of Affection
- □ Other _________________

**Possible Motivation**

Get:

- □ Peer Attention
- □ Adult Attention
- □ Item/Activity

Avoid:

- □ Peer Attention
- □ Adult Attention
- □ Item/Activity

**Action Taken**

- □ Time Out/Detention
- □ Conference with Student
- □ Loss of Privileges
- □ Parent Contact
- □ Individualized Instruction

- □ In-School Suspension (_____hours/days)
- □ Out-of-School Suspension (_____hours/days)
- □ Action Pending
- □ Other __________________________

**Others involved in incident:**

- □ None
- □ Teacher
- □ Substitute
- □ Unknown
- □ Peers
- □ Staff
- □ Other __________________________

**Other Comments:** _______________________________________________

□ I need to talk to the students’ teacher    □ I need to talk to the administrator

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**Parent Signature:** ____________________________    **Date:** __________
Example C (Simple with Follow-up)

Major Office Discipline Referral Form

Name: ___________________________ Grade: _____ Date: ________

Referring Staff: ______________________ Time of incident: __________

Others involved: □ No One □ Peers □ Teacher □ Staff □ Substitute □ Unknown

Check 1-2 behaviors as applicable. Circle the primary behavior.

Major Problem Behavior: Location: Perceived Motivation
☐ Defiance/Disrespect ☐ Classrooms ☐ Attention from peers
☐ Physical Aggression ☐ Hall ☐ Attention from adults
☐ Disruption ☐ Playground ☐ Obtain item/activity
☐ Abusive Language ☐ Cafeteria ☐ Avoid peers
☐ Tardy ☐ Bathroom ☐ Avoid adults
☐ Harassment ☐ Bus Loading Zone ☐ Avoid work/activity
☐ Fighting ☐ Commons ☐ Don’t know
☐ Electronic Violation ☐ Don’t know ☐ Other: _________________
☐ Dress Code ☐ Other: ____________________________
☐ Other: ____________________________

*Please avoid using “don’t know” or “other” whenever possible. Thanks. ~PBIS Team

Action(s) Taken:
☐ Time Out/Detention ☐ Conference w/ student ☐ In-School Susp. _____ days
☐ Loss of Privilege(s): ___________________________ ☐ Out-of-School Susp. ____ days
☐ Parent Contact ☐ Other: ________________________________

What happened?

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Follow up Agreement

Name: ___________________________ Date: ________________

1. What rule(s) did you break? (Circle) □ Be Safe □ Be Respectful □ Be Responsible
2. What will you do differently next time? (Continue on back as needed)

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Student Signature: ___________________________ Adult Signature: ___________________________