

Pioneer School Office Referral Form

Name: _____ Date: _____ Time: _____ Teacher: _____ Grade: K 1 2 3 4 5 6 Referring Staff: _____	<p style="text-align: center;">Location</p> <input type="checkbox"/> Classroom <input type="checkbox"/> Hallway <input type="checkbox"/> Playground <input type="checkbox"/> Cafeteria <input type="checkbox"/> Bathroom <input type="checkbox"/> Library <input type="checkbox"/> Bus <input type="checkbox"/> Bus area
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Minor Problem Behavior	Major Problem Behavior	Possible Motivation
<input type="checkbox"/> Disrespect <input type="checkbox"/> Defiance <input type="checkbox"/> Disruption <input type="checkbox"/> Physical Contact/Aggression <input type="checkbox"/> Inappropriate Language <input type="checkbox"/> Property Misuse <input type="checkbox"/> Technology Violation <input type="checkbox"/> Teasing <input type="checkbox"/> Other _____	<input type="checkbox"/> Defiance/Insubordination/ Non-Compliance <input type="checkbox"/> Physical Aggression <input type="checkbox"/> Disruption <input type="checkbox"/> Disrespect <input type="checkbox"/> Abusive or Inappropriate Language/Profanity <input type="checkbox"/> Harassment <input type="checkbox"/> Bullying <input type="checkbox"/> Fighting <input type="checkbox"/> Forgery/Theft/Plagiarism <input type="checkbox"/> Technology Violation <input type="checkbox"/> Property Damage/Vandalism <input type="checkbox"/> Lying/ Cheating <input type="checkbox"/> Inappropriate Display of Affection <input type="checkbox"/> Alcohol/Drugs/Weapons <input type="checkbox"/> Other _____	<p>Obtain:</p> <input type="checkbox"/> Peer Attention <input type="checkbox"/> Adult Attention <input type="checkbox"/> Item/Activity <p>Avoid:</p> <input type="checkbox"/> Peer Attention <input type="checkbox"/> Adult Attention <input type="checkbox"/> Item/Activity <input type="checkbox"/> Unknown Motivation <input type="checkbox"/> Other _____
		Others Involved
		<input type="checkbox"/> None <input type="checkbox"/> Peers <input type="checkbox"/> Teacher <input type="checkbox"/> Staff <input type="checkbox"/> Substitute <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown

Action Taken	Other Comments
<input type="checkbox"/> Time Out/Detention <input type="checkbox"/> Conference with Student <input type="checkbox"/> Loss of Privileges <input type="checkbox"/> Parent Contact <input type="checkbox"/> Individualized Instruction <input type="checkbox"/> Bus Suspension (____ hours/days) <input type="checkbox"/> In-School Suspension (____ hours/days) <input type="checkbox"/> Out-of-School Suspension (____ hours/days) <input type="checkbox"/> Action Pending <input type="checkbox"/> Other _____	

 I need to talk to the students' teacher

 I need to talk to the administrator

Parent Signature: _____

Date: _____

Administrator Signature (If Applicable) _____ Date _____

Time Out _____

Time In _____

Refocus

Which expectation(s) would your behavior fit in to? Write a sentence about how it fits under this expectation(s).

***Respect:** _____

***Responsibility:** _____

***Safety:** _____

***Learner:** _____

1. Did your behavior affect your teacher's instruction or other student's learning? How?

2. What will be your steps to correct this behavior?

3. How can your teacher help you accomplish this?

Student Signature _____ **Teacher Signature** _____