

MAJOR DISCIPLINE REFERRAL FORM

Englewood Middle School

Student: _____

Grade: _____

Referring Staff: _____

Date of Infraction: _____

Time: _____

LOCATION:		OTHERS INVOLVED		POSSIBLE MOTIVATION:	
<input type="checkbox"/> Bus	<input type="checkbox"/> Hallway	<input type="checkbox"/> None	<input type="checkbox"/> Substitute	<input type="checkbox"/> Avoid Adult	<input type="checkbox"/> Obtain Items/Activities
<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Outside	<input type="checkbox"/> Peers	<input type="checkbox"/> Teacher	<input type="checkbox"/> Avoid Peer(s)	<input type="checkbox"/> Obtain Peer Attention
<input type="checkbox"/> Classroom	<input type="checkbox"/> Restroom	<input type="checkbox"/> Staff	<input type="checkbox"/> Unknown	<input type="checkbox"/> Avoid Tasks/Activities	<input type="checkbox"/> Other Motivation
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Other: _____		<input type="checkbox"/> Obtain Adult Attention	<input type="checkbox"/> Unknown Motivation

DESCRIPTION OF INCIDENT:

TIER 2 VIOLATIONS:		
<input type="checkbox"/> Insubordination	<input type="checkbox"/> Dress Code Violation	<input type="checkbox"/> Unsafe/Rough Play

TIER 3 VIOLATIONS:			
<input type="checkbox"/> Chronic Lateness	<input type="checkbox"/> Profanity	<input type="checkbox"/> Skipping Class	<input type="checkbox"/> Forgery
<input type="checkbox"/> Taking Items From Cafeteria	<input type="checkbox"/> Possession of Tobacco Products		

TIER 4 VIOLATIONS:			
<input type="checkbox"/> Bullying	<input type="checkbox"/> Fight Instigation	<input type="checkbox"/> Physical Aggression (Fighting)	<input type="checkbox"/> Threat/Intimidation
<input type="checkbox"/> Chronic Disrespect	<input type="checkbox"/> Harassment	<input type="checkbox"/> Profanity directed at school staff	<input type="checkbox"/> Vandalism
<input type="checkbox"/> Chronic Insubordination	<input type="checkbox"/> Inappropriate Touching	<input type="checkbox"/> Stealing	<input type="checkbox"/> Verbal Abuse

TIER 5 VIOLATIONS:					
<input type="checkbox"/> Alcohol/Drug Possession and/or Distribution	<input type="checkbox"/> Bomb Threat	<input type="checkbox"/> Weapon Possession	<input type="checkbox"/> Sexual Harassment	<input type="checkbox"/> Arson	<input type="checkbox"/> Extortion

PRIOR ACTIONS TAKEN BY TEACHER:			
<input type="checkbox"/> 1) Re-Direction	date (s): _____	<input type="checkbox"/> 5) Classroom Lunch Detention	date (s): _____
<input type="checkbox"/> 2) Warning	date (s): _____	<input type="checkbox"/> 6) Classroom Removal/Time Out	date (s): _____
<input type="checkbox"/> 3) Parent/Guardian Notified	date (s): _____	<input type="checkbox"/> 7) Tier 1 (minor) Referral	date (s): _____
<input type="checkbox"/> 4) Conference with Student	date (s): _____	<input type="checkbox"/> 8) Other Interventions:	date (s): _____

Staff Member Signature: _____

Date: _____

ADMINISTRATIVE ACTION TAKEN:			
<input type="checkbox"/> Written Warning	<input type="checkbox"/> ISD Lunch Detention	<input type="checkbox"/> Meeting with parent/guardian	<input type="checkbox"/> Parent/Guardian Phoned
<input type="checkbox"/> Bus Suspension	<input type="checkbox"/> ISD Classroom Detention	<input type="checkbox"/> Out-of-School Suspension	<input type="checkbox"/> Restitution
<input type="checkbox"/> Rec. for Expulsion	<input type="checkbox"/> ISS (Intervention Program)	<input type="checkbox"/> Conference with Student	<input type="checkbox"/> Other: _____

Administrator Signature: _____

Date: _____

Parent Signature: _____

Date: _____