



POSITIVE BEHAVIOR SYSTEMS SCHOOL REFERRAL FORM

Student _____ NAD ID _____ Grade _____ Date _____ Time _____

<p>Location:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Bus <input type="checkbox"/> Classroom <input type="checkbox"/> Playground <input type="checkbox"/> Multipurpose Room <input type="checkbox"/> Hallway <input type="checkbox"/> Restroom <input type="checkbox"/> IMC <input type="checkbox"/> Bus loading zone <input type="checkbox"/> Assembly <input type="checkbox"/> Field Trip <input type="checkbox"/> Office <input type="checkbox"/> Other _____ <p>Motivation:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Obtain peer attention <input type="checkbox"/> Obtain adult attention <input type="checkbox"/> Obtain property/activity/reward <input type="checkbox"/> Avoid task/activity <input type="checkbox"/> Avoid peers <input type="checkbox"/> Avoid adults <input type="checkbox"/> Unclear/do not know <input type="checkbox"/> Other _____ 	<p>Minor:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Physical contact (pushing/shoving) <input type="checkbox"/> Defiance/disrespect (rolling eyes, refusal to work, talking back) <input type="checkbox"/> Disruption (noises, gestures, continual talking, throwing objects, calling out) <input type="checkbox"/> Property misuse (non-dangerous and non-destructive) <input type="checkbox"/> Uniform violation <input type="checkbox"/> Gang-like behaviors <p>Major:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Non-direct Inappropriate language <input type="checkbox"/> Direct/abusive/inappropriate behaviors <input type="checkbox"/> Fighting/physical aggression <input type="checkbox"/> Defiance/disrespect (more than 3 times) <input type="checkbox"/> Lying/cheating <input type="checkbox"/> Harassment <input type="checkbox"/> Disruptions (3 or more times) <input type="checkbox"/> Vandalism <input type="checkbox"/> Theft <input type="checkbox"/> Destructive property damage <input type="checkbox"/> Information/technology violation <input type="checkbox"/> Gang affiliation/displays <input type="checkbox"/> Left campus without administrative or teacher permission <input type="checkbox"/> Out of seat (bus related) 	<p>Previous Actions:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not applicable <input type="checkbox"/> Warning <input type="checkbox"/> Verbal redirections <input type="checkbox"/> Problem solving <input type="checkbox"/> Time out (duration _____) <input type="checkbox"/> Sent to buddy teacher <input type="checkbox"/> Separated from other students <input type="checkbox"/> Additional assignments/tasks given <input type="checkbox"/> Loss of recess/activity <input type="checkbox"/> Parent contacted <input type="checkbox"/> Parent conference <p>Administrative Decision:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Time spent with principal <input type="checkbox"/> Loss of privilege <input type="checkbox"/> Conference with student <input type="checkbox"/> Parent Contact <input type="checkbox"/> In-school Suspension (ISS) <input type="checkbox"/> Home-bound suspension <input type="checkbox"/> Expulsion
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Describe incident _____

Teacher's Signature _____ Principal's Signature _____

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