**Primary School Sample Office Discipline Referral Form**

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| Student:  | Date: |
| Grade: K 1 2 3 4 5 6  | IEP: Y or N | Time of Incident: |
| Classroom Teacher: | Referred by: |
| Location of Incident: (please tick) |
| * Toilet
* Bus area
 | * Library
* On bus
 | * Playground
* Canteen
 | * Hallway
* Classroom
 | * Special Event (excursion, assembly)
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| REASON(S)FOR THE REFERRAL: Please attach narrative of the incident if necessary |
| SAFETYMinor:* Physical contact

Major:* Physical aggression/ assault
* Harassment
* Danger to self or others
* Weapons
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | RESPECTMinor:* Defiance/ disrespect/non-compliance
* Inappropriate verbal language
* Disruption

Major:* Disrespect/ non-compliance
* Disruption
* Verbal assault/ threat
* Damage or destruction of property
* Inappropriate language
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | RESPONSIBILITYMinor:* Property misuse
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Major:* Schoolwork incomplete
* Technology violation
* Possession of illegal school objects
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| POSSIBLE MOTIVATION: | OTHERS INVOLVED: |
| \_\_\_ Attention from peer(s)\_\_\_ Attention from adult(s)\_\_\_ Avoid peer(s) \_\_\_ Obtain item | \_\_\_ Avoid adult(s) \_\_\_ Avoid work\_\_\_ Don’t know \_\_\_ Other: | \_\_\_ None\_\_\_ Staff\_\_\_ Other: | \_\_\_ Staff\_\_\_ Teacher | \_\_\_ Unknown\_\_\_ Casual |
| TEACHER ACTION TAKEN PRIOR TO REFERRAL |
| \_\_\_ Changed student’s seat\_\_\_ Conferred privately with student\_\_\_ Time out in classroom \_\_\_ Other (please specify): | \_\_\_ Consulted counsellor\_\_\_ Consulted executive\_\_\_ Phoned parent/ guardian | \_\_\_ Met with Learning and Support Team\_\_\_ Sent note home |
| EXECUTIVE ACTION |
| \_\_\_ Restitution\_\_\_ Out of school suspension ( \_\_\_\_\_\_\_\_\_\_ days)\_\_\_ Sent home | \_\_\_ Parent contact\_\_\_ Time out in office\_\_\_ Loss of privilege \_\_\_ Conference with student | \_\_\_ Counsellor referral \_\_\_ Individual instruction\_\_\_ In school detention |
| PARENT CONTACTED (Tick one) \_\_\_ Phone \_\_\_ Letter \_\_\_ Message \_\_\_ Email \_\_\_ Conference |
| COMMENTS: (use back if needed) |
| Teacher’s Signature: Principal’s Signature: |