**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 | | | | | | | | | | | | |
| SAFETY  Minor:   * Physical contact   Major:   * Physical aggression/ assault * Harassment * Danger to self or others * Weapons * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | RESPECT  Minor:   * Defiance/ disrespect/non-compliance * Inappropriate verbal language * Disruption   Major:   * Disrespect/ non-compliance * Disruption * Verbal assault/ threat * Damage or destruction of property * Inappropriate language * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | RESPONSIBILITY  Minor:   * 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: | | | | | | | | | | | | |