

# SPPS PBIS Office Discipline Referral Form (Secondary)

Student name:	Grade:	Referring staff:	Date:	Time:
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**Location:**  
 Classroom     Hallway     Outside     Bus     Cafeteria     Bathroom     Other\_\_\_\_\_

**Staff's description of the event:**

**Others involved in incident:**  
 None     Peers     Staff     Substitute     Unknown     Other\_\_\_\_\_

**Interventions attempted prior to referral:**

<input type="checkbox"/> Verbal redirection	<input type="checkbox"/> Student conference	<input type="checkbox"/> Parent conference
<input type="checkbox"/> Non-verbal redirection	<input type="checkbox"/> Social skills instruction	<input type="checkbox"/> Other _____
<input type="checkbox"/> Re-taught expectation	<input type="checkbox"/> Fix-it plan/restitution	<input type="checkbox"/> Parent contacted
<input type="checkbox"/> Take-a-break/refocus	<input type="checkbox"/> Loss of privilege	Phone    Text    Email

Classroom-Managed	Office-Managed	Perceived Motivation
Cheating, plagiarism <i>Defiance of authority</i> <i>Disruptive behavior</i> Electronics, cell phone misuse <i>Inappropriate language</i> Misuse of materials/property Physical contact (no bodily harm) Student Dress Tardiness Teasing, name calling Technology misuse Theft Unauthorized use of school property	<input type="checkbox"/> Alcohol/drug use/possession <input type="checkbox"/> Bullying/cyber bullying <input type="checkbox"/> Damage to property <input type="checkbox"/> <i>Defiance of authority, continual</i> <input type="checkbox"/> Discrimination (racial/religious/gender/sexual) <input type="checkbox"/> <i>Disruptive behavior, continual</i> <input type="checkbox"/> Fighting <input type="checkbox"/> Gang activity <input type="checkbox"/> Harassment (racial/religious/gender/sexual) <input type="checkbox"/> <i>Inappropriate language, continual</i> <input type="checkbox"/> Leaving school grounds <input type="checkbox"/> Physical aggression to staff <input type="checkbox"/> Physical aggression (bodily harm) <input type="checkbox"/> Theft <input type="checkbox"/> Threats <input type="checkbox"/> Unauthorized use of district technology <input type="checkbox"/> Weapons	<input type="checkbox"/> Obtain peer attention <input type="checkbox"/> Obtain adult attention <input type="checkbox"/> Obtain items <input type="checkbox"/> Avoid peer (s) <input type="checkbox"/> Avoid adults <input type="checkbox"/> Avoid tasks or activities <input type="checkbox"/> Unknown <input type="checkbox"/> Other_____

**Administrative Action/Resolution**

<input type="checkbox"/> Student conference	<input type="checkbox"/> Restitution/restorative justice strategies	<input type="checkbox"/> EIP
<input type="checkbox"/> Behavior skills training	<input type="checkbox"/> Behavior contract	<input type="checkbox"/> Saturday school
<input type="checkbox"/> Parent contacted	<input type="checkbox"/> Loss of privilege	<input type="checkbox"/> Dismissal: _____
<input type="checkbox"/> Parent conference	<input type="checkbox"/> Removal from class (focus room, alternative setting)	<input type="checkbox"/> Suspension: _____
<input type="checkbox"/> Mediation	<input type="checkbox"/> In-school suspension (≥half day)	<input type="checkbox"/> Other
<input type="checkbox"/> Peer mediation	<input type="checkbox"/> Referral to Student Assistance Team	
<input type="checkbox"/> Detention		

Administrator: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_