

KHS Discipline Referral

Student Name: _____ **Student ID:** _____ **Grade:** 9 10 11 12

Referring Staff: _____ **Date:** _____ **Time:** _____

Location: Classroom Hallway Cafeteria Gym Bathroom Locker Room
 Commons/Common Areas (Quads, Fire Lane, Old Side) Parking Lot Other Location

Perceived Motivation: Obtain Peer Attention Avoid Task/Activities Obtain Items/Activities
 Obtain Adult Attention Avoid Adult Avoid Peer(s) Other

Others Involved: None Peers Teacher Substitute Security Office Staff Other

Referral Type (choose either MINOR or MAJOR below):

To document behavioral interventions they have attempted when students make lower level behavioral infractions.

When staff feels a student needs to be seen by an administrator to address the student's immediate poor behavioral choice.

<p style="text-align: center;"><input type="checkbox"/> Teacher Managed (MINOR)</p> <p>Problem Behavior (choose one):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Disrespect <input type="checkbox"/> Defiance <input type="checkbox"/> Disruption <input type="checkbox"/> Physical Contact/Physical Aggression <input type="checkbox"/> Inappropriate Language <input type="checkbox"/> Property Misuse <input type="checkbox"/> Technology Violation <input type="checkbox"/> Other Behavior <p>Action Taken (choose one):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Alternative Placement (1 or 2 period suspension) <input type="checkbox"/> Conference with Student <input type="checkbox"/> Parent Contact <input type="checkbox"/> Other Action Taken 	<p style="text-align: center;"><input type="checkbox"/> Office Managed (MAJOR)</p> <p>Problem Behavior (choose one):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Defiance/Insubordination/Non-Compliance <input type="checkbox"/> Physical Aggression <input type="checkbox"/> Disruption <input type="checkbox"/> Disrespect <input type="checkbox"/> Abusive Language/Inappropriate Language/Profanity <input type="checkbox"/> Harassment <input type="checkbox"/> Fighting <input type="checkbox"/> Technology Violation <input type="checkbox"/> Property Damage/Vandalism <input type="checkbox"/> Use/Possession of Drugs <input type="checkbox"/> Use/Possession of Weapons <input type="checkbox"/> Use/Possession of Alcohol <input type="checkbox"/> Other Behavior <p>Action Taken (choose one):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Action Pending (VP Referral) <input type="checkbox"/> Other Action Taken
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Brief Narrative : _____