

**Yadkinville Elementary School**  
*Major Office Referral*

Name of Student: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_

Referring Staff: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

Grade: **K 1 2 3 4 5 6** Sex: **M F**

**Location**

<input type="checkbox"/> Classroom	<input type="checkbox"/> Bus	<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Restroom	<input type="checkbox"/> Gym	<input type="checkbox"/> Playground
<input type="checkbox"/> Hallway	<input type="checkbox"/> Car rider	<input type="checkbox"/> Safety	<input type="checkbox"/> Library	<input type="checkbox"/> Music	<input type="checkbox"/> Field trip
			<input type="checkbox"/> Computer	<input type="checkbox"/> Art	<input type="checkbox"/> Other _____

**Check at least one in each column**

<b>Antecedent</b>	<b>Problem Behavior</b>	<b>Possible Motivation</b>	<b>Intervention (to be filled out by administration)</b>
<input type="checkbox"/> Transition <input type="checkbox"/> Teacher directive <input type="checkbox"/> Told 'no' <input type="checkbox"/> Given a warning <input type="checkbox"/> New activity <input type="checkbox"/> Alone <input type="checkbox"/> Working with peers <input type="checkbox"/> Recess <input type="checkbox"/> Other _____	<input type="checkbox"/> Major disruption (room clearing/student removal) <input type="checkbox"/> Major defiance <input type="checkbox"/> Fighting/Assault (punching, biting) <input type="checkbox"/> Verbal Threats <input type="checkbox"/> Foul language to staff/students <input type="checkbox"/> Threatening gestures <input type="checkbox"/> Theft <input type="checkbox"/> Major dishonesty (lying in conjunction with office managed behavior) <input type="checkbox"/> Sexual Comments/ Gestures <input type="checkbox"/> Vandalism (significant) <input type="checkbox"/> 3 Minor Incident Reports <input type="checkbox"/> Other _____	<input type="checkbox"/> Obtain peer attention <input type="checkbox"/> Obtain adult attention <input type="checkbox"/> Obtain items/activities <input type="checkbox"/> Avoid tasks/activities <input type="checkbox"/> Avoid work <input type="checkbox"/> Avoid peer(s) <input type="checkbox"/> Avoid adult(s) <input type="checkbox"/> Unclear/don't know <input type="checkbox"/> Other _____	<input type="checkbox"/> Parent Contacted <input type="checkbox"/> Administrative Counseling <input type="checkbox"/> Behavior Contract <input type="checkbox"/> Time Out <input type="checkbox"/> Lunch Detention <input type="checkbox"/> In School Suspension <input type="checkbox"/> Out of School Suspension Days _____ <input type="checkbox"/> Other _____

**Yadkinville Hornet Habits**

- What rule(s) did you break? (Circle)  
 Respectful                      Responsible                      Ready                      Safe
- What did you want?
  - o I wanted attention from others
  - o I wanted to challenge adult(s)
  - o I wanted to be sent home
  - o I wanted to cause problems because I feel miserable inside
  - o I wanted to cause others problems because they don't like me
  - o I wanted to be in control of the situation
  - o I wanted to avoid doing my work
  - o I wanted revenge
  - o I wanted \_\_\_\_\_
- Did you get what you wanted? o Yes o No
- What will you do differently next time?  
 I will be \_\_\_\_\_ by \_\_\_\_\_.
- Student signature: \_\_\_\_\_
- Adult signature(s): \_\_\_\_\_

\*Return date: \_\_\_\_\_  
*Attach copies of the 3 MIRs if applicable*