

Summit Hill School District 161
Grades K-4 Disciplinary Referral

Student Name: _____

Date: _____ Time of Incident _____

Teacher: _____ Grade: _____

Referring Staff Member: _____

Location:		
<input type="checkbox"/> Classroom	<input type="checkbox"/> Bathroom	<input type="checkbox"/> Art Room
<input type="checkbox"/> School Grounds	<input type="checkbox"/> Gym	<input type="checkbox"/> Computer Lab
<input type="checkbox"/> Hallway	<input type="checkbox"/> Library	<input type="checkbox"/> Music Room
<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Special Event	<input type="checkbox"/> Bus
<input type="checkbox"/> Playground		

Phone call home (note date, time, # called): _____

Previous Action Taken by the Teacher/Staff Member (Check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Verbal Warning | <input type="checkbox"/> Classroom Consequence | <input type="checkbox"/> Phone Call Home |
| <input type="checkbox"/> Written Parent Notification | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Administrative Contact | | |

Minor Problem Behavior	Major Problem Behavior	Possible Motivation
<input type="checkbox"/> Minor Inappropriate Language <input type="checkbox"/> Physical Contact <input type="checkbox"/> Defiance/Disrespect/Non-Compliance <input type="checkbox"/> Disruption <input type="checkbox"/> Property Misuse <input type="checkbox"/> Dress Code <input type="checkbox"/> Technology Violation <input type="checkbox"/> Other: _____ (3 minor infractions of similar type result in major referral)	<input type="checkbox"/> Inappropriate Language <input type="checkbox"/> Physical Aggression <input type="checkbox"/> Major Defiance/Disrespect <input type="checkbox"/> Lying/Cheating <input type="checkbox"/> Harassment/Bullying <input type="checkbox"/> Fighting (Two Parties) <input type="checkbox"/> Disruption <input type="checkbox"/> Property Damage <input type="checkbox"/> Forgery/Theft <input type="checkbox"/> Inappropriate Location <input type="checkbox"/> Weapon <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 Peer(s) <input type="checkbox"/> Avoid Adult(s) <input type="checkbox"/> Avoid Task or Activity

Others involved: None Peers Staff Teacher Substitute Unknown Other

Description of Incident

Administrative/Teacher Decision

<input type="checkbox"/> Conference with Student	<input type="checkbox"/> Parent Contact	<input type="checkbox"/> Individualized Instruction	<input type="checkbox"/> Bus Suspension
<input type="checkbox"/> Loss of Privilege _____	<input type="checkbox"/> Restitution	<input type="checkbox"/> Out of School Suspension (___ days)	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Time Out/Detention _____	<input type="checkbox"/> Time In Office	<input type="checkbox"/> In-School Suspension (___ days)	_____

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Referring Staff Signature: _____ Date: _____