

Churchill High School Referral Form

Student _____ Grade _____ Date (Incident) _____ Time (Incident) _____

Location Classroom Hallway Cafeteria Skate park Off Campus Office Other _____

Referring Staff Member _____

Parent Name _____ Parent Notified Date _____ Time _____
 Phone Email Mail In Person

Violation

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| <input type="checkbox"/> Possession, use, or distribution of tobacco, alcohol, illicit drugs, or paraphernalia | <input type="checkbox"/> Possession, use, or threat of a weapon, or combustible item |
| <input type="checkbox"/> Harassment (select all that apply)
<input type="checkbox"/> racial <input type="checkbox"/> sexual <input type="checkbox"/> personal <input type="checkbox"/> verbal
<input type="checkbox"/> physical <input type="checkbox"/> written <input type="checkbox"/> nonverbal <input type="checkbox"/> graphic | <input type="checkbox"/> Theft or vandalism |
| <input type="checkbox"/> Bullying, Hazing and/or Intimidation | <input type="checkbox"/> Insubordination (refusal to cooperate with adults) |
| <input type="checkbox"/> Threat (select that apply) <input type="checkbox"/> verbal <input type="checkbox"/> written | <input type="checkbox"/> Disruptive behavior |
| <input type="checkbox"/> Fighting or assault (hitting/contact) | <input type="checkbox"/> Inappropriate use of language |
| <input type="checkbox"/> Pushing/shoving | <input type="checkbox"/> Lying, Cheating or Plagiarism |
| | <input type="checkbox"/> Skipping class, or repeated tardy/late |
| | <input type="checkbox"/> Other _____ |

Incident Description (without student names)

Motivation

- Adult attention Avoid adult Peer attention Avoid task or activity
 Gain item or activity Avoid peers Other _____

ADMINISTRATIVE ACTION

- Time in office (date/time) _____ Exclusion from activities, privileges/area _____
 Conference with student School detention (date/time/type) _____
 Student/Parent Conference Behavior contract
 Apology notes and/or restitution Referral (select all that apply) SRO DATA team
 Request expulsion hearing Counselor Nurse Mental Health
 Suspension In-school Out of school Dates of suspension _____
 Other _____

Comments _____

Previous Interventions Attempted with Student (check all that apply)

- Classroom Time-Out Student/Teacher conference Referral to counselor Detention
 Behavior contract Parent contact/conference (date/time) Other _____

Major Minor

Signature of Administrator _____ Date _____

Office use only

Copies to Office, Referring Staff Member, Student's Parent/Guardian Swiss Synergy Date _____
Incident ID _____ Initials _____