

BSSD Office Referral(?) Form

Name: _____ age: _____ grade: _____

Date: _____ Time: _____

Teacher: _____

Referring Staff: _____

Classroom/Site: _____

Location:

- ☐ Classroom
- ☐ Hallway
- ☐ Bathroom
- ☐ Gym
- ☐ Playground
- ☐ Lunch Room
- ☐ Other

Others Involved: ☐ None ☐ Peers ☐ Staff ☐ Unknown ☐ Other

Major Behavior	Minor Behavior	Possible Motivation
<input type="checkbox"/> Abusive/Threatening Language <input type="checkbox"/> Defiance/Disrespect <input type="checkbox"/> Tobacco/Alcohol/Drugs <input type="checkbox"/> Physical Aggression <input type="checkbox"/> Bullying <input type="checkbox"/> Weapons <input type="checkbox"/> Theft <input type="checkbox"/> Chronic Absences/Truancy <input type="checkbox"/> Vandalism/Property Damage <input type="checkbox"/> Other <p>Chronic Tardiness?</p>	<input type="checkbox"/> Defiance/Disrespect <input type="checkbox"/> Inappropriate Language <input type="checkbox"/> Tech Violation <input type="checkbox"/> Lying/Cheating <input type="checkbox"/> Work Refusal <input type="checkbox"/> Skipping Class <input type="checkbox"/> Inappropriate Touching <input type="checkbox"/> Other	<input type="checkbox"/> Obtain Peer Attention <input type="checkbox"/> Obtain Adult Attention <input type="checkbox"/> Avoid Peers <input type="checkbox"/> Avoid Adults <input type="checkbox"/> Avoid Task/Activity <input type="checkbox"/> Don't Know <input type="checkbox"/> Other <p>Obtain Items/activities?</p>

Staff Signature: _____

Consequences:

- | | | |
|--|---|---|
| <input type="checkbox"/> Ignore/none | <input type="checkbox"/> Redirection | <input type="checkbox"/> Individualized Instruction |
| <input type="checkbox"/> Conference with Child | <input type="checkbox"/> Loss of Privileges | <input type="checkbox"/> Contact Administration |
| Contact Parent | Expulsion* | <input type="checkbox"/> Out of School Suspension* (Days _____) |
| Other | Gym List? | <input type="checkbox"/> In-School Suspension/Detention |

Add "Comments" section at the bottom?