

# SENNETT MIDDLE SCHOOL MISCONDUCT REFERRAL FORM

Student Name: _____	Grade: 6 7 8	HR Teacher: _____
Date of Incident: _____ Time: _____ Location: _____		
Referring Teacher: _____ EEN: ____ yes ____ no Case Manager: _____		
<b>Incident Description:</b>		
<b>Parent Contact Completed:</b> Yes ____ Circle Method: in person, by phone, in writing No ____ If behavior occurred in the classroom, indicate plan (day, method and time of day) for contacting the parent: _____		
<b>Interventions Already Attempted:</b>  <input type="checkbox"/> Redirection <input type="checkbox"/> Private talk with student <input type="checkbox"/> Seat Change	<input type="checkbox"/> Time Out <input type="checkbox"/> Misbehavior Referral (Level 1) <input type="checkbox"/> Detention: _____ <input type="checkbox"/> Consulted Other Teaching Staff <input type="checkbox"/> Behavior Plan	<input type="checkbox"/> Differentiated Curriculum <input type="checkbox"/> Referral to Support Services <input type="checkbox"/> Detention <input type="checkbox"/> Peer Mediation <input type="checkbox"/> Other(s): _____
<b>Student Description of Incident:</b>		
<b>Administrative Action:</b> <input type="checkbox"/> Home contact—phone call <input type="checkbox"/> Home contact—letter home <input type="checkbox"/> Home contact--conference <input type="checkbox"/> Warned <input type="checkbox"/> Counseled Student <input type="checkbox"/> Student Contract <input type="checkbox"/> Refer to Support Staff <input type="checkbox"/> Refer to Peer Mediation	<input type="checkbox"/> Verbal Apology To Teacher <input type="checkbox"/> Written Apology To Teacher <input type="checkbox"/> Restitution <input type="checkbox"/> Detained in ALC while investigating incident <input type="checkbox"/> Lunch DT on _____ <input type="checkbox"/> After School DT on _____	<input type="checkbox"/> ALC for _____  <input type="checkbox"/> Police Contact  <input type="checkbox"/> Suspended _____ day(s) Dates: _____  <input type="checkbox"/> Recommended For Expulsion
<b>Administrator Comments:</b>		Time In: _____ Time Out: _____ Code of Conduct: _____  Points Lost: _____

Administrator Signature: \_\_\_\_\_  
Date Action Taken: \_\_\_\_\_

Copy to: Parent, HR Teacher,  
Referring Teacher, Principal,  
Support Staff