



# Monroeville Elementary Discipline Referral Form



<b>Student Name:</b>		<b>Date:</b>	<b>Time:</b>
<b>Referring Facilitator:</b>	<b>Homeroom Teacher:</b>	<b>Grade:</b> K 1 2 3 4 5 6	<b>Others Involved:</b>
<b>Location of Offense:</b> Classroom Hallway Restroom Cafeteria Playground Special Bus School Event Arrival/Dismissal			

<b>Minor Offense (Classroom Managed)</b>		<b>Major Offense (Office Managed)</b>	
<input type="checkbox"/> Disrespect of teacher <input type="checkbox"/> Disrespect of other student(s) <input type="checkbox"/> Disrespect of environment <input type="checkbox"/> Talking out in class <input type="checkbox"/> Not following directions <input type="checkbox"/> Horseplay / dangerous play <input type="checkbox"/> Playground / cafeteria violation <input type="checkbox"/> Lying <input type="checkbox"/> Inappropriate language <input type="checkbox"/> Physical Contact <input type="checkbox"/> Slander <input type="checkbox"/> Misuse of Tech (Off-topic / Students chatting) <input type="checkbox"/> Other:		<input type="checkbox"/> Dress Code Violation <input type="checkbox"/> Property damage <input type="checkbox"/> Harassment / provoking others <input type="checkbox"/> Profanity <input type="checkbox"/> Forgery / Plagiarism / Cheating <input type="checkbox"/> Theft <input type="checkbox"/> Assault / Threat of Violence <input type="checkbox"/> Defiance <input type="checkbox"/> Threatening another person <input type="checkbox"/> Use / possession of a weapon <input type="checkbox"/> Use / possession of tobacco / alcohol / drugs <input type="checkbox"/> Misuse of Tech (Language / Pics / Violence) <input type="checkbox"/> Other:	
<b>Minor Offense Consequence:</b>		<b>Major Offense Consequence:</b>	
<input type="checkbox"/> Loss of privileges: _____ <input type="checkbox"/> Conference with student <input type="checkbox"/> Time-Out / Separated seat or area <input type="checkbox"/> Restitution and/or apology <input type="checkbox"/> Detention <input type="checkbox"/> Parent contact		<input type="checkbox"/> Loss of privileges: _____ <input type="checkbox"/> Restitution / Community Service <input type="checkbox"/> Detention <input type="checkbox"/> Bus Suspension <input type="checkbox"/> Friday School <input type="checkbox"/> In-School Restriction <input type="checkbox"/> Out-of-School Suspension	
<b>POSSIBLE MOTIVATION:</b> <input type="checkbox"/> Obtain adult attention <input type="checkbox"/> Obtain peer attention <input type="checkbox"/> Obtain object/activity <input type="checkbox"/> Avoid adult <input type="checkbox"/> Avoid peer <input type="checkbox"/> Avoid task/activity <input type="checkbox"/> Unknown <input type="checkbox"/> Other:	<b>Date of Consequence Served:</b>		
	<b>Facilitator / Administrator Comments:</b>		
	<b>Facilitator Signature &amp; Date:</b>		
	<b>Parent Signature &amp; Date:</b>		

**Bottom copy to Student > Duplicates to Mrs. Stieber > Mrs. Stieber will separate to HR Teacher & SWIS Entry Person**

<b>To Be Completed By SWIS Entry Person:</b>	
<input type="checkbox"/> 3rd Referral <input type="checkbox"/> Supervised Phone Call to Parents <input type="checkbox"/> Notice sent to HR Teacher	<input type="checkbox"/> 6th Referral <input type="checkbox"/> Notice to PBIS Team <input type="checkbox"/> Notice sent to HR Teacher