

Lomira High School Office Referral Form

Name: _____ **Date:** _____ **Time:** _____

Grade Level: _____ Referring Staff: _____ **Circle:** Observed or Reported

Location:

- | | | | | |
|------------------------------------|------------------------------------|--------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Lunchroom | <input type="checkbox"/> Parking Lot | <input type="checkbox"/> Before/After School | <input type="checkbox"/> Study hall |
| <input type="checkbox"/> Hallways | <input type="checkbox"/> Bathroom | <input type="checkbox"/> Assembly | <input type="checkbox"/> Gym | <input type="checkbox"/> School Event |
| <input type="checkbox"/> Bus | <input type="checkbox"/> Library | <input type="checkbox"/> Fieldtrip | <input type="checkbox"/> Office | <input type="checkbox"/> Other _____ |

Staff Dealt with Behaviors:

- Off-task
- Inappropriate Physical Contact
- Disruption in class
- Toys / Electronics violation
- Gum/Candy/Food
- Dishonest
- Inappropriate language
- Not prepared
- Inappropriate hallway behavior
- Dress code violation
- Tardy
- Property Misuse
- Gossip/Arguing/Bullying
- Other _____

Office Dealt with Behavior:

- Disrespect/insubordination
- Drugs and/or paraphernalia
- Fighting & Physical Aggression
- Inappropriate/abusive language
- Repeated Dress Code violations
- Repeated Harassment/Bullying
- Repeated cell phone violations
- Technology/ computer violation
- Theft
- Threats
- Truancy/repeated tardiness
- Vandalism
- Weapons: _____
- Other _____

Possible Motivation:

- Peer Attention
- Adult Attention
- Avoid Peers
- Avoid Adult
- Avoid task or activity
- Obtain item/activity
- Don't know
- Other _____

Others Involved in Incident:

- None Peers Teacher Staff Substitute Unknown Other _____

Staff Action:

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Detention issued | <input type="checkbox"/> Conference with student | <input type="checkbox"/> Call home |
| <input type="checkbox"/> Sent to office | <input type="checkbox"/> Re-teach behavior | <input type="checkbox"/> Other _____ |
| | <input type="checkbox"/> Parent conference or e-mail | |

Administrative Action:

- | | | |
|---|---|--|
| <input type="checkbox"/> Conference with student | <input type="checkbox"/> Contact parents | <input type="checkbox"/> In-school suspension
(_____ hours/days) |
| <input type="checkbox"/> Conference with family | <input type="checkbox"/> Letter to parents | |
| <input type="checkbox"/> Detention
How many: _____ | <input type="checkbox"/> Follow-up with teacher | <input type="checkbox"/> Out of school suspension
(_____ hours/day) |
| <input type="checkbox"/> Loss of privileges | <input type="checkbox"/> Follow-up agreement | |
| <input type="checkbox"/> Time in office: _____ | <input type="checkbox"/> Contact Police Officer | |
| | <input type="checkbox"/> Other _____ | |

Other Information:

Notes: _____

Administrative Signature: _____ Date: _____

Entered on SWIS/Skyward: _____ Copy sent home: _____ Copy to referring staff: _____