

SBCUSD Low Level Referral Form

Student: _____ Staff Member: _____ Grade / Track: _____

1st Incident		
Date:	Time:	
Location	Problem Behavior	Staff Intervention Administered
<input type="checkbox"/> Classroom <input type="checkbox"/> Quad/Playground <input type="checkbox"/> Office <input type="checkbox"/> Hallway <input type="checkbox"/> Restrooms <input type="checkbox"/> Lunch area <input type="checkbox"/> PE Area <input type="checkbox"/>	<input type="checkbox"/> Disruption: _____ <input type="checkbox"/> Defiance: _____ <input type="checkbox"/> Disrespect: _____ <input type="checkbox"/> Property misuse <input type="checkbox"/> Dress code <input type="checkbox"/> Inappropriate language (not directed toward staff) <input type="checkbox"/>	<input type="checkbox"/> Clarified how behavior did not meet expectations <input type="checkbox"/> Cued / Prompted student: _____ <input type="checkbox"/> Provided a structured choice <input type="checkbox"/> Teacher collaborated with: ○ team ○ counselor ○ admin <input type="checkbox"/> Student met with Team to discuss additional supports <input type="checkbox"/> Reviewed CST results: ELA _____ Math _____ <input type="checkbox"/> Reviewed discipline data for patterns & trends <input type="checkbox"/> Informed parent: ___/___/___ ○ phone call ○ copy sent <input type="checkbox"/>
2nd Incident		
Date:	Time:	
Location	Problem Behavior	Staff Intervention Administered
<input type="checkbox"/> Classroom <input type="checkbox"/> Quad/Playground <input type="checkbox"/> Office <input type="checkbox"/> Hallway <input type="checkbox"/> Restrooms <input type="checkbox"/> Lunch area <input type="checkbox"/> PE area <input type="checkbox"/>	<input type="checkbox"/> Disruption: _____ <input type="checkbox"/> Defiance: _____ <input type="checkbox"/> Disrespect: _____ <input type="checkbox"/> Property misuse <input type="checkbox"/> Dress code <input type="checkbox"/> Inappropriate language (not directed toward staff) <input type="checkbox"/>	<input type="checkbox"/> Clarified how behavior did not meet expectations <input type="checkbox"/> Cued / Prompted student: _____ <input type="checkbox"/> Provided a structured choice <input type="checkbox"/> Teacher collaborated with: ○ team ○ counselor ○ admin <input type="checkbox"/> Student met with Team to discuss additional supports <input type="checkbox"/> Reviewed CST results: ELA _____ Math _____ <input type="checkbox"/> Reviewed discipline data for patterns & trends <input type="checkbox"/> Informed parent: ___/___/___ ○ phone call ○ copy sent <input type="checkbox"/>
3rd Incident		
Date:	Time:	
Location	Problem Behavior	Staff Intervention Administered
<input type="checkbox"/> Classroom <input type="checkbox"/> Quad/Playground <input type="checkbox"/> Office <input type="checkbox"/> Hallway <input type="checkbox"/> Restrooms <input type="checkbox"/> Lunch area <input type="checkbox"/> PE area <input type="checkbox"/>	<input type="checkbox"/> Disruption: _____ <input type="checkbox"/> Defiance: _____ <input type="checkbox"/> Disrespect: _____ <input type="checkbox"/> Property misuse <input type="checkbox"/> Dress code <input type="checkbox"/> Inappropriate language (not directed toward staff) <input type="checkbox"/>	<input type="checkbox"/> Clarified how behavior did not meet expectations <input type="checkbox"/> Cued / Prompted student: _____ <input type="checkbox"/> Provided a structured choice <input type="checkbox"/> Teacher collaborated with: ○ team ○ counselor ○ admin <input type="checkbox"/> Student met with Team to discuss additional supports <input type="checkbox"/> Reviewed CST results: ELA _____ Math _____ <input type="checkbox"/> Reviewed discipline data for patterns & trends <input type="checkbox"/> Informed parent: ___/___/___ ○ phone call ○ copy sent <input type="checkbox"/>
4th Incident		
Date:	Time:	
Location	Problem Behavior	Staff Intervention Administered
<input type="checkbox"/> Classroom <input type="checkbox"/> Quad/Playground <input type="checkbox"/> Office <input type="checkbox"/> Hallway <input type="checkbox"/> Restrooms <input type="checkbox"/> Lunch area <input type="checkbox"/> PE area <input type="checkbox"/>	<input type="checkbox"/> Disruption: _____ <input type="checkbox"/> Defiance: _____ <input type="checkbox"/> Disrespect: _____ <input type="checkbox"/> Property misuse <input type="checkbox"/> Dress code <input type="checkbox"/> Inappropriate language (not directed toward staff) <input type="checkbox"/>	<input type="checkbox"/> Clarified how behavior did not meet expectations <input type="checkbox"/> Cued / Prompted student: _____ <input type="checkbox"/> Provided a structured choice <input type="checkbox"/> Teacher collaborated with: ○ team ○ counselor ○ admin <input type="checkbox"/> Student met with Team to discuss additional supports <input type="checkbox"/> Reviewed CST results: ELA _____ Math _____ <input type="checkbox"/> Reviewed discipline data for patterns & trends <input type="checkbox"/> Informed parent: ___/___/___ ○ phone call ○ copy sent <input type="checkbox"/>
5th Incident — See attached Office Referral Form		