SBCUSD Office Referral Form

BE SAFE! BE RESPONSIBLE! BE RESPECTFUL!

Student: _____ **Referring Staff** (print name)**:** _____

Time of Incident: ____:____ **Date of Incident:** _____ **Team / Track:** _____

Location	Problem Behavior	Environmental Factors	Possible Function
(Check only 1) ❑ Gate ❑ On bus/bus area ❑ Cafeteria ❑ Classroom ❑ Library ❑ Office ❑ Hallway ❑ Quad ❑ Restrooms ❑ Lunch area ❑ PE area ❑ Playground ❑ Other:	(Check only 1) ❑ Fighting ❑ Destruction of property ❑ Profanity toward staff ❑ Possession stolen property ❑ Harassment: ❑ Committed obscene act ❑ Weapon: ❑ Other: **Chronic Minor Offenses** *(Attach Low Level Referrals)* ❑ Disruption ❑ Non-compliance ❑ Inappropriate language ❑ Property misuse ❑ Other:	(Check only 1) ❑ Adult request/directive ❑ Oral instruction ❑ Individual seat work ❑ Group work ❑ Managing materials ❑ External interruptions (guest, PA, phone call, etc.) ❑ Classroom transitions ❑ Passing period ❑ Teasing from peers ❑ Changes to routine ❑ Guest Teacher ❑ Assembly ❑ Recess ❑ Other:	(Check only 1) ❑ Gain peer attention ❑ Gain adult attention ❑ Gain/obtain item ❑ Gain/obtain activity ❑ Avoid peer(s) ❑ Avoid adult(s) ❑ Avoid seat work ❑ Avoid group work ❑ Avoid scheduled event ❑ Other:

Provide a behaviorally specific description of the incident: _____

_____

_____

_____

Others involved in the incident: ❑ Peers ❑ Staff ❑ Guest Teacher ❑ NA

Last parent/guardian contact: ___/___/___ **Type of Communication:** □ Note □ Phone Call □ Meeting

Referring Staff Signature: _____ **Date:** _____

Administrative Action Taken

Skill/Relationship Development:

❑ Identified Academic Deficits (see attached data)
❑ Identified Environmental Factors:
❑ Identified Functional Factors:
❑ Identified Behavior Skill Deficits:
❑ Assigned Targeted Skill Development:
❑ Scheduled Follow-Up Meeting: □ Teacher □ Guardian □ Team:
❑ Developed *Behavior Contract*
❑ Assigned Adult Mentor
❑ Scheduled *Behavior Support Plan* (BSP): ___/___/___
❑ Crisis Teaching & Facilitated Student Re-entry
❑ Other:

Removal/Penalty:

❑ Removed Privilege:
❑ Restricted Activity:
❑ Assigned Time-out:
❑ Assigned Detention:
❑ Assigned OCS:
❑ Assigned Suspension:
❑ Contacted Parent/Guardian:
❑ Other:

Administrator's Signature: _____ **Date:** _____