

# 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)	(Check only 1)	(Check only 1)	(Check only 1)
<input type="checkbox"/> Gate <input type="checkbox"/> Bus area <input type="checkbox"/> Cafeteria <input type="checkbox"/> Classroom <input type="checkbox"/> Library <input type="checkbox"/> Office <input type="checkbox"/> Hallway <input type="checkbox"/> Quad <input type="checkbox"/> Restrooms <input type="checkbox"/> Lunch area <input type="checkbox"/> PE area <input type="checkbox"/> Playground <input type="checkbox"/> Other:	<input type="checkbox"/> Fighting <input type="checkbox"/> Destruction of property <input type="checkbox"/> Profanity toward staff <input type="checkbox"/> Possession stolen property <input type="checkbox"/> Bullying <input type="checkbox"/> Committed obscene act <input type="checkbox"/> Weapon: <input type="checkbox"/> Other: <b>Chronic Minor Offenses</b> <i>(Attach Low Level Referrals)</i> <input type="checkbox"/> <i>Following Instructions</i> <input type="checkbox"/> <i>Staying on Task</i> <input type="checkbox"/> <i>Getting Teacher's Attention</i> <input type="checkbox"/> <i>Accepting "No" for Answer</i> <input type="checkbox"/> <i>Disagreeing Appropriately</i> <input type="checkbox"/> <i>Working with Others</i> <input type="checkbox"/> Property misuse <input type="checkbox"/> Dress code <input type="checkbox"/> Inappropriate language <input type="checkbox"/>	<input type="checkbox"/> Adult request/directive <input type="checkbox"/> Oral instruction <input type="checkbox"/> Individual seat work <input type="checkbox"/> Group work <input type="checkbox"/> Managing materials <input type="checkbox"/> External interruptions <small>(guest, PA, phone call, etc.)</small> <input type="checkbox"/> Classroom transitions <input type="checkbox"/> Passing period <input type="checkbox"/> Teasing from peers <input type="checkbox"/> Changes to routine <input type="checkbox"/> Guest Teacher <input type="checkbox"/> Assembly <input type="checkbox"/> Recess <input type="checkbox"/> Other:	<input type="checkbox"/> Gain peer attention <input type="checkbox"/> Gain adult attention <input type="checkbox"/> Gain/obtain item <input type="checkbox"/> Gain/obtain activity <input type="checkbox"/> Avoid peer(s) <input type="checkbox"/> Avoid adult(s) <input type="checkbox"/> Avoid seat work <input type="checkbox"/> Avoid group work <input type="checkbox"/> Avoid scheduled event <input type="checkbox"/> Other:

**Provide a behaviorally specific description of the incident:** \_\_\_\_\_

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**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:** \_\_\_\_\_