

## Riverview Office Discipline Referral

**Name:** \_\_\_\_\_  
**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_  
**Teacher:** \_\_\_\_\_  
**Grade:** K 1 2 3 4 5 6  
**Referring Staff:** \_\_\_\_\_

**Location**  
 Playground     Library  
 Cafeteria     Bathroom  
 Hallway     Arrival/Dismissal  
 Classroom     Other \_\_\_\_\_

| Minor Problem Behavior  | Major Problem Behavior   | Possible Motivation   |
|---|--|---|
| <input type="checkbox"/> Inappropriate language<br><input type="checkbox"/> Physical contact<br><input type="checkbox"/> Defiance/disrespect<br><input type="checkbox"/> Disruption/non-compliance<br><input type="checkbox"/> Dress Code<br><input type="checkbox"/> Property misuse<br><input type="checkbox"/> Late to Class<br><input type="checkbox"/> Electronic Violation<br><input type="checkbox"/> Stealing (minor value)<br><input type="checkbox"/> Other _____ | <input type="checkbox"/> Stealing (Major Value)<br><input type="checkbox"/> Cheating<br><input type="checkbox"/> Vandalism<br><input type="checkbox"/> Leaving school grounds<br><input type="checkbox"/> Fighting<br><input type="checkbox"/> Inappropriate physical contact<br><input type="checkbox"/> Abusive language<br><input type="checkbox"/> Overt defiance<br><input type="checkbox"/> Harassment/bullying<br><input type="checkbox"/> Possession of weapons or dangerous instruments<br><input type="checkbox"/> Violence to another person, property or that which poses a direct threat to the safety of others in the school<br><input type="checkbox"/> Swearing<br><input type="checkbox"/> Other _____ | <input type="checkbox"/> Obtain peer attention<br><input type="checkbox"/> Obtain adult attention<br><input type="checkbox"/> Obtain items/activities<br><input type="checkbox"/> Avoid Peer(s)<br><input type="checkbox"/> Avoid Adult<br><input type="checkbox"/> Avoid task or activity<br><input type="checkbox"/> Don't know<br><input type="checkbox"/> Other _____ |
| <b>Teacher Action Taken Prior to Referral</b>   |  |   |
| <input type="checkbox"/> Changed student's seat<br><input type="checkbox"/> Consulted Counselor<br><input type="checkbox"/> Sent report home<br><input type="checkbox"/> Conferred Privately with Student   | <input type="checkbox"/> Consulted Principal<br><input type="checkbox"/> Time in out in classroom<br><input type="checkbox"/> Called/Text/Emailed parent/guardian<br><input type="checkbox"/> Other (please specify) _____   |   |
| <b>Administrative Decision</b>  |  |   |
| <input type="checkbox"/> Loss of privilege _____<br><input type="checkbox"/> Time in office _____<br><input type="checkbox"/> Conference with student<br><input type="checkbox"/> Parent Contact  | <input type="checkbox"/> In-school suspension (____ hours/ days)<br><input type="checkbox"/> Out of school suspension (____ days)<br><input type="checkbox"/> Behavior Ticket<br><input type="checkbox"/> Other _____  |   |

**Others involved in incident:**     None     Peers     Staff     Teacher     Substitute     Unknown     Other  
**Other comments:** (Use back if needed)

**Teacher Signature:** \_\_\_\_\_    **Principal Signature:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_    **Date:** \_\_\_\_\_

All minors are filed with classroom teacher. Three minors equal a major.  
 All majors require administrator consequence, parent contact, and signature.

