

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

