



Jefferson Elementary School Referral Form

Name: _____

Date: _____

Time: _____

Class: _____

Referring Staff: _____

Grade: 2nd 3rd

Location:

- | | |
|--------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Playground |
| <input type="checkbox"/> Hallway | <input type="checkbox"/> Restroom |
| <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Gym/Music/Library |
| <input type="checkbox"/> Arrival/Dismissal | <input type="checkbox"/> Other _____ |

Problem Behavior:

- | | |
|--------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Insubordination | <input type="checkbox"/> Dangerous Acts |
| <input type="checkbox"/> Bullying | <input type="checkbox"/> Fighting |
| <input type="checkbox"/> Foul Language | <input type="checkbox"/> Abusive/inappropriate language |
| <input type="checkbox"/> Violation of cell phone/electronics | <input type="checkbox"/> Leaving Without Permission |

Action Taken:

- | | | |
|--------------------------------------------|--------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Resolved by staff | <input type="checkbox"/> Recess (____ min) | <input type="checkbox"/> ISS (____ hours/____ days) |
| <input type="checkbox"/> Re-teach | <input type="checkbox"/> Lunch detention | <input type="checkbox"/> OSS (____ days) |
| <input type="checkbox"/> Time out | <input type="checkbox"/> After school suspension | <input type="checkbox"/> Parent text/email/call (circle) |

Parent/Guardian Signature _____

Date: _____