

# Butte Falls School District

## Office Referral Form

### Grades 7-12

Name: \_\_\_\_\_  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Teacher: \_\_\_\_\_  
 Grade: 8 9 10 11 12  
 Referring Staff: \_\_\_\_\_

#### Location

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Courtyard      | <input type="checkbox"/> Library     |
| <input type="checkbox"/> Cafeteria      | <input type="checkbox"/> Bathroom    |
| <input type="checkbox"/> Hallway        | <input type="checkbox"/> Parking Lot |
| <input type="checkbox"/> Classroom      | <input type="checkbox"/> Commons     |
| <input type="checkbox"/> Off Campus     | <input type="checkbox"/> Offices     |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Classroom   |
| <input type="checkbox"/> Other: _____   |                                      |

Parent/Guardian contacted by referring staff: \_\_\_\_\_

<p><b>Problem Behavior</b></p> <p><u>Minors</u></p> <p><input type="checkbox"/> Inappropriate Verbal Language</p> <p><input type="checkbox"/> Physical Contact</p> <p><input type="checkbox"/> Defiance/Disrespect/Non-Compliance</p> <p><input type="checkbox"/> Disruption</p> <p><input type="checkbox"/> Property misuse/Damage</p> <p><input type="checkbox"/> Other _____</p> <p><u>Majors</u></p> <p><input type="checkbox"/> Abusive Language/Inappropriate Language</p> <p><input type="checkbox"/> Fighting/Physical aggression</p> <p><input type="checkbox"/> Defiance/Disrespect/Insubordination/Non-Compliance</p> <p><input type="checkbox"/> Lying/Cheating</p> <p><input type="checkbox"/> Harassment/Sexual/Bullying</p> <p><input type="checkbox"/> Disruption</p> <p><input type="checkbox"/> Skip Class/Truancy</p> <p><input type="checkbox"/> Property Damage/Vandalism/Fire</p> <p><input type="checkbox"/> Theft/Forgery</p> <p><input type="checkbox"/> Gang Related Activity</p> <p><input type="checkbox"/> False Alarm</p> <p><input type="checkbox"/> Drugs/Tobacco/Alcohol and/or Paraphernalia</p> <p><input type="checkbox"/> Weapons</p> <p><input type="checkbox"/> Other _____</p>	<p><b>Previous Interventions</b></p> <p><input type="checkbox"/> Reminders</p> <p><input type="checkbox"/> Private talk with student</p> <p><input type="checkbox"/> Time Out – Removed from Class</p> <p><input type="checkbox"/> Contact Parent</p> <p><input type="checkbox"/> Buddy Room</p> <p><input type="checkbox"/> Other _____</p> <p><b>Administrative Decision</b></p> <p><input type="checkbox"/> Loss of Privilege</p> <p><input type="checkbox"/> Time in Office</p> <p><input type="checkbox"/> Conference with Student</p> <p><input type="checkbox"/> Parent Contact</p> <p><input type="checkbox"/> Lunch Detention</p> <p><input type="checkbox"/> In-School Detention Date(s): _____</p> <p><input type="checkbox"/> Out of School Suspension Date(s): _____</p> <p><input type="checkbox"/> Expulsion Recommended: _____</p> <p><input type="checkbox"/> Other: _____</p>
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Other involved in incident:  None  Peers  Staff  Teacher  Substitute  Unknown  Other

If peers were involved, list them: \_\_\_\_\_

Describe the incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
 Administrator/Designee Signature                      Date

\_\_\_\_\_  
 Parent/Guardian Signature    Date

\_\_\_\_\_  
 Student Signature    Date

Copies given to : \_\_\_ Office \_\_\_ Teacher \_\_\_ Student \_\_\_ Parent