

Richardson Middle School Discipline Referral Form

Student: _____
 Grade: _____ Room: _____
 ID# _____ IEP: Y / N / DK
 Referring Staff: _____
 Date: _____ Time: _____

Location

- | | |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Library |
| <input type="checkbox"/> Hallway | <input type="checkbox"/> Gym |
| <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Parking Lot |
| <input type="checkbox"/> Bathroom | <input type="checkbox"/> Field Trip |
| <input type="checkbox"/> Playground | |
| <input type="checkbox"/> Other _____ | |

Possible Root Cause

- Behavior is related to a lack of student awareness or skill
- Behavior is related to interpersonal conflict
- Behavior is attention-seeking (peer or adult)
- Behavior is related to academic issues
- Behavior is related to Conflict Resolution
- Were de-escalation techniques used? Y/N
- Other: _____

Others Involved

- none
- Teacher: _____
- peer: _____
- Substitute: _____
- Staff: _____
- Other: _____

Inappropriate Behavior (check one)

- Classroom/Managed Behaviors**
- Noncompliance/ not listening to teacher
 - Arguing with teacher
 - Talking/excessive noise
 - Cursing/name-calling/rudeness
 - Off-task behavior/not participating in class
 - Disrupting/bothering other students
 - Horseplay
 - Teasing
 - Property damage
 - Tardy
 - Misuse of cell phone/technology
 - Inappropriate Attire (Uniform)
 - Dishonesty/cheating
 - Other _____

- Office Managed Behaviors**
- Alcohol/drugs
 - Mutual Fighting
 - Threatening to injure students/staff
 - Injured students/staff
 - Severe, repeated, targeted harassment of another student (i.e. Bullying)
 - Sexual behaviors
 - Gang-related behaviors
 - Physically dangerous behaviors
 - Property Damage/Vandalism
 - Stealing
 - Weapon or lookalike weapon
 - Other _____
- Narrative (if needed): _____

Incident Report Number (if applicable) _____
 Accident Report Completed? Yes No Gang Related? Yes No
 Police Involvement? Yes No P.D. RD. # _____

- Teacher Action**
- Restorative Conversation
 - Teacher, student, parent conference
 - Phone/Email Parent(s)
Date: _____ Time: _____
 - Problem solving exercise
 - Logical consequence
 - Self-management plan
 - Behavior contract
 - Consult IEP/Behavior Plan
 - Other _____

- Administrative Action**
- | | |
|--|--|
| <input type="checkbox"/> Peace Circle | <input type="checkbox"/> Skill-building in-school suspension:
(____ days) |
| <input type="checkbox"/> Detention | <input type="checkbox"/> Out-of-school suspension:
(____ days) |
| <input type="checkbox"/> Work plan | <input type="checkbox"/> Expulsion |
| <input type="checkbox"/> Referral to Behavioral Health Team | <input type="checkbox"/> other: _____ |
| <input type="checkbox"/> Service project | |
| <input type="checkbox"/> Assignment to Intervention | |
| <input type="checkbox"/> Parent/Teacher/Admin Conference | |
| <input type="checkbox"/> Referral to counselor/social worker/psych | |

Parent/Guardian: _____
 Address: _____
 Telephone Number: _____ Other Contact Info: _____

*Please explain on Reverse Side