

Hunt Office Referral Form

Name: _____ Date: _____ Time: _____
 Teacher: _____ Grade: K 1 2 3 4 5 Referring Staff: _____

Location	Office Referral Behavior (Major)	Others involved in incident:
<input type="checkbox"/> Classroom <input type="checkbox"/> Playground <input type="checkbox"/> Commons/common area <input type="checkbox"/> Hallway/ breezeway <input type="checkbox"/> Cafeteria <input type="checkbox"/> Bathroom/restroom <input type="checkbox"/> Gym <input type="checkbox"/> Library <input type="checkbox"/> Bus loading zone <input type="checkbox"/> Parking lot <input type="checkbox"/> On bus <input type="checkbox"/> Special event/assembly/ field trip <input type="checkbox"/> Other _____	<input type="checkbox"/> Abusive lang./ inapprop. lang <input type="checkbox"/> Fighting/ physical aggression <input type="checkbox"/> Deiance/disrespect/insubordination/ non-compliant <input type="checkbox"/> Harassment/ tease/ taunt <input type="checkbox"/> Disruption <input type="checkbox"/> Inappropriate Display of Affection <input type="checkbox"/> Technology Violation <input type="checkbox"/> Tardy <input type="checkbox"/> Skip class/ truancy <input type="checkbox"/> Forgery/ theft <input type="checkbox"/> Dress code violation <input type="checkbox"/> Lying/cheating <input type="checkbox"/> Tobacco <input type="checkbox"/> Alcohol/drugs <input type="checkbox"/> Combustibles <input type="checkbox"/> Vandalism <input type="checkbox"/> Property damage <input type="checkbox"/> Bomb threat <input type="checkbox"/> Arson <input type="checkbox"/> Weapons <input type="checkbox"/> Other _____	<input type="checkbox"/> None <input type="checkbox"/> Peers <input type="checkbox"/> Staff <input type="checkbox"/> Teacher <input type="checkbox"/> Substitute <input type="checkbox"/> Unknown <input type="checkbox"/> Other _____
Possible Motivation		
<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 Other _____		
What happened? _____ _____		
Administrative Decision		
<input type="checkbox"/> Time in office <input type="checkbox"/> Detention <input type="checkbox"/> Saturday School <input type="checkbox"/> In-school suspension <input type="checkbox"/> Loss of privilege	<input type="checkbox"/> Parent contact <input type="checkbox"/> Individualized instruction <input type="checkbox"/> Out-of-school suspension <input type="checkbox"/> Conference with student <input type="checkbox"/> Other _____	

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

Follow up Agreement

Name: _____ Date: _____

1. **What rule(s) did you break? (Circle)**
 Be Safe **Be Respectful** **Be Responsible**

2. **What did you want?**
 I wanted attention from others I wanted to be in control of the situation
 I wanted to challenge adult(s) I wanted to avoid doing my work
 I wanted to be sent home I wanted revenge
 I wanted to cause problems because I feel miserable inside
 I wanted to cause others problems because they don't like me
 I wanted _____

3. **Did you get what you wanted?** yes no

4. **What will you do differently next time?**

I will be _____ **by** _____

Student Signature: _____ **Staff Signature(s):** _____