



# WHS Office Referral Form

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

<b>Location</b>	
<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Classroom
<input type="checkbox"/> Gym/Locker	Bus loading zone
<input type="checkbox"/> Library	On bus
<input type="checkbox"/> Hallway	Parking lot
<input type="checkbox"/> Arrival/Dismissal	Spcl event/assembly/ field trip
<input type="checkbox"/> Restroom	<input type="checkbox"/> Other _____

## Refer only 1 Problem Behavior

<b>Minor Problem Behavior</b>	<b>Major Problem Behavior</b>	<b>Possible Motivation</b>
<input type="checkbox"/> Inappropriate language <input type="checkbox"/> Physical contact <input type="checkbox"/> Defiance <input type="checkbox"/> Disruption <input type="checkbox"/> Dress Code <input type="checkbox"/> Property misuse <input type="checkbox"/> Tardy <input type="checkbox"/> Electronic Violation <input type="checkbox"/> Other _____	<input type="checkbox"/> Abusive language <input type="checkbox"/> Fighting/ Physical aggression <input type="checkbox"/> Overt Defiance <input type="checkbox"/> Harassment/Bullying <input type="checkbox"/> Dress Code <input type="checkbox"/> Tardy <input type="checkbox"/> Inappropriate Display Aff. <input type="checkbox"/> Electronic Violation <input type="checkbox"/> Lying/ Cheating <input type="checkbox"/> Skipping class <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 _____

**Others involved in incident:**  
  None  
  Peers  
  Staff  
  Teacher  
  Substitute  
  Unknown  
 Other

**Staff Comment/Additional Information:**

### Administrative Decision

**Administrator:** \_\_\_\_\_

- |  |  |
|--|--|
| <input type="checkbox"/> Loss of privilege<br><input type="checkbox"/> Time in office<br><input type="checkbox"/> Conference with student<br><input type="checkbox"/> Parent Contact | <input type="checkbox"/> Individualized instruction<br><input type="checkbox"/> In-school Detention (____hours/ days)<br><input type="checkbox"/> Out of school suspension (____ days)<br><input type="checkbox"/> Other _____ |
|--|--|

**Other comments:**

**Copy to:** Discipline File   Referring Staff \_\_\_\_\_   Teacher: \_\_\_\_\_

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