

RVMS 2019-2020 Referral Form

Student Name: _____ Grade/Team: _____

Referred by: _____ Date: _____ Time: _____

Incident Location:

Bus Classroom Library Commons Gym Hallway Library
 Office Restroom Special Event Parking Lot Other _____

People Involved:

No One Peer(s) Staff Substitute Teacher Other _____

Has the behavior been habitual: Yes No **Behavior Offense:** Major Minor

Teachers Corrective Action(s): E-mail(s) Past Referral(s) Phone Call(s) Student Conference Other

Other Actions Please List: _____

Description of Incident:

Staff Recommended Action/Consequence:

<input type="checkbox"/> Lunch Detention	<input type="checkbox"/> ISS Date(s): _____	<input type="checkbox"/> Time in Office
<input type="checkbox"/> After School Det. Date: _____	<input type="checkbox"/> OSS Date(s): _____	<input type="checkbox"/> Intervention
<input type="checkbox"/> Parent Conference	<input type="checkbox"/> Parent Shadow	<input type="checkbox"/> Action Plan
<input type="checkbox"/> Written Apology	<input type="checkbox"/> Loss of Passing Time	<input type="checkbox"/> Behavior Contract
<input type="checkbox"/> Class Removal ___ Days	<input type="checkbox"/> Counseling	<input type="checkbox"/> Other: _____

Administrative Action:

<input type="checkbox"/> Classroom Removal	<input type="checkbox"/> Conference	<input type="checkbox"/> Parent Conference Date: _____
<input type="checkbox"/> Expulsion	<input type="checkbox"/> Counseling	<input type="checkbox"/> Parent Contact
<input type="checkbox"/> Referred to Law Enforcement	<input type="checkbox"/> Deferred Expulsion	<input type="checkbox"/> Restitution
<input type="checkbox"/> ISS Date(s): _____	<input type="checkbox"/> Intervention	<input type="checkbox"/> Time in Office
<input type="checkbox"/> OSS Date(s): _____	<input type="checkbox"/> Lunch Detention	<input type="checkbox"/> Verbal/Written Apology
<input type="checkbox"/> After School Det Date(s): _____	<input type="checkbox"/> Loss of Privileges	<input type="checkbox"/> Other
<input type="checkbox"/> Action Plan	<input type="checkbox"/> Loss of Passing Time	
<input type="checkbox"/> Bus Suspension	<input type="checkbox"/> School Service	

Consequence(s) if Behavior Continues: _____

Restorative Actions: Principled Caring Communicator Balanced Thinkers
 Inquirers Reflective Risk-taker Open-minded Knowledgeable

Student Signature: _____

Date: _____

Administrator Signature: _____

Date: _____