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:
- Lunch Detention  - ISS Date(s): _____________  - Time in Office
- After School Det. Date: _______  - OSS Date(s): ____________  - Intervention
- Parent Conference  - Parent Shadow  - Action Plan
- Written Apology  - Loss of Passing Time  - Behavior Contract
- Class Removal ___ Days  - Counseling  - Other: ____________________________

Administrative Action:
- Classroom Removal  - Conference  - Parent Conference Date: ______
- Expulsion  - Counseling  - Parent Contact
- Referred to Law Enforcement  - Deferred Expulsion  - Restitution
- ISS Date(s): _____________  - Intervention  - Time in Office
- OSS Date(s): _____________  - Lunch Detention  - Verbal/Written Apology
- After School Det Date(s): _________  - Loss of Privileges  - Other
- Action Plan  - Loss of Passing Time
- Bus Suspension  - 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: __________