

Colorado School for the Deaf and the Blind Office Discipline Referral Form – Major Problem Behavior

Name of Student:

Location: Check One

- | | |
|-------------------------|------------|
| Classroom | Gym |
| Hallway | Cafeteria |
| Media Center | Bus |
| Restroom | Playground |
| Athletic Event | |
| Special Event/ Assembly | |
| Dorm | |
| Other | |

Grade:

Date:

Time:

Name of Staff:

Problem Behavior	Possible Motivation	Administration Intervention
<p><u>Check one</u> problem behavior:</p> <ul style="list-style-type: none"> Defiance/insubordination Disrespect Physical aggression Disruption Tardy Skipping class Language/profanity Harassment Bullying Fighting Forgery/theft/plagiarism Lying/Cheating Technology violation Property damage/vandalism Dress code violation Inappropriate display of affection Use/possession of drugs/ alcohol/ tobacco Weapons/bomb threat Gang affiliation display Property misuse Arson 	<p><u>Check one</u> possible motivation:</p> <ul style="list-style-type: none"> Obtain peer attention Obtain adult attention Obtain items/activities Avoid work Avoid peer(s) Avoid adult(s) <p>Others Involved:</p> <ul style="list-style-type: none"> None Peers Teacher Staff Residential supervisor Substitute teacher/staff Other 	<p><u>Check all that apply</u></p> <ul style="list-style-type: none"> Suspension <li style="padding-left: 40px;">ISS OSS Number of days: Dates of suspension: Detention <li style="padding-left: 40px;">Date: <li style="padding-left: 40px;">How much time: Time in office Loss of privileges Conference with student Other Parent contact date: Contact method Current B.I.P. YES NO IR Completed YES NO Reviewed by _____ <li style="text-align: right; padding-right: 20px;"><i>Program Administrator's Name</i>

Comments:

SWIS Data: Date

by:

Referral Number: