

RSEC Academy Office Referral Form / Referring Teacher:

Student	Grade	Date	Time
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Location

<input type="checkbox"/>	Classroom	<input type="checkbox"/>	Bathroom	<input type="checkbox"/>	Com. Room	<input type="checkbox"/>	Hall/Walkways	<input type="checkbox"/>	Field
<input type="checkbox"/>	Bus Area	<input type="checkbox"/>	On Bus/Van	<input type="checkbox"/>	Gym	<input type="checkbox"/>	Parking Lot	<input type="checkbox"/>	Cafeteria
<input type="checkbox"/>	Assembly	<input type="checkbox"/>	Field Trip	<input type="checkbox"/>	Event	<input type="checkbox"/>	Office	<input type="checkbox"/>	Other

Problem Behavior (Check only the most intrusive behavior)

<input type="checkbox"/>	Abusive/inappropriate language	<input type="checkbox"/>	Dress Code Violation	<input type="checkbox"/>	Skip Class/Truancy
<input type="checkbox"/>	Alcohol	<input type="checkbox"/>	Drugs	<input type="checkbox"/>	Tardy
<input type="checkbox"/>	Arson	<input type="checkbox"/>	Fight/Physical Aggression	<input type="checkbox"/>	Tobacco
<input type="checkbox"/>	Bomb Threat/False Alarm	<input type="checkbox"/>	Forgery/Theft	<input type="checkbox"/>	Vandalism/Prop. Damage
<input type="checkbox"/>	Combustibles	<input type="checkbox"/>	Harassment/Teasing	<input type="checkbox"/>	Weapon
<input type="checkbox"/>	Disrespect/Non-compliance	<input type="checkbox"/>	Lying/Cheating	<input type="checkbox"/>	Other
<input type="checkbox"/>	Disruption	<input type="checkbox"/>	Misuse of Property		

Possible Motivation

<input type="checkbox"/>	Obtain Peer Attention	<input type="checkbox"/>	Avoid Tasks/Activities	<input type="checkbox"/>	Don't Know
<input type="checkbox"/>	Obtain Adult Attention	<input type="checkbox"/>	Avoid Peer(s)	<input type="checkbox"/>	Other
<input type="checkbox"/>	Obtain Items/Activities	<input type="checkbox"/>	Avoid Adult(s)		

Others Involved

<input type="checkbox"/>	None	<input type="checkbox"/>	Peers	<input type="checkbox"/>	Teacher
<input type="checkbox"/>	Staff	<input type="checkbox"/>	Substitute	<input type="checkbox"/>	Other

Action Taken

<input type="checkbox"/>	Time in Office	<input type="checkbox"/>	Parent Contact/Teacher	<input type="checkbox"/>	In-School Suspension
<input type="checkbox"/>	Loss of Privilege	<input type="checkbox"/>	Parent Contact/Admin.	for	Days
<input type="checkbox"/>	Conference w/student	<input type="checkbox"/>	Individualized Instruction	<input type="checkbox"/>	Out of School Suspension
<input type="checkbox"/>	Detention	<input type="checkbox"/>	Other	for	Days

Comments