

Weare Middle School

★ Student Name _____ Gr _____

Discipline Referral

Homeroom _____ Date _____

(603) 529-7555

Referring Staff _____ Time _____

| Location | Violation of | Respect | Responsibility | Relationships |
|---------------|--------------|-----------------|----------------|---------------|
| ___ Classroom | ___ Hall | ___ CASA | ___ Recess | ___ Event |
| ___ Café | ___ Bus | ___ Common Area | ___ Bathroom | ___ Other |

Minor Infraction: To be completed by staff and turned in to the homeroom teacher

| | | | |
|---------------------------------|--------------------------------|--------------------------------|----------------|
| Inappropriate Language | Inappropriate Physical Contact | Non-compliance/ Disrespect | Disruption |
| Misuse/ Destruction of Property | Cheating | Teasing/Taunting/ Name Calling | Stealing/Theft |
| Unauthorized Area | Disruptive Items | Tardy | Dress Code |
| PDA | Other | | |

Action to be taken: to be issued by referring staff

- Parent contact Conference Warning Lunch/recess Detention
 Apology letter Processing Form Behavior Plan After School Detention
 Seat Change Intervention for _____ minutes Other _____

Major Infraction: Student to be sent to BIP with referral

| | | | |
|---------------------------------|--------------------------------|--------------------------------|----------------|
| Inappropriate Language | Inappropriate Physical Contact | Non-compliance/ Disrespect | Disruption |
| Misuse/ Destruction of Property | Cheating | Teasing/Taunting/ Name Calling | Stealing/Theft |
| Unauthorized Area | Disruptive Items | Tardy | Dress Code |
| PDA | Harassment | Forgery | Other |

Sending Staff can recommend consequence here _____

Administrative consequence: To be checked by administration

- Parent contact Conference Intervention Room Lunch/recess Detention
 Apology letter Behavior Plan After School Detention Harassment Education
 B.I.P (days) O.O.S. (days) Loss of Privileges Other

| | |
|---|--|
| <p>Witnesses ★</p> <p> <input type="checkbox"/> Teacher <input type="checkbox"/> Para <input type="checkbox"/> Unknown <input type="checkbox"/> Substitute <input type="checkbox"/> Peer <input type="checkbox"/> None <input type="checkbox"/> Other </p> | <p>Possible Motivation ★</p> <p> <input type="checkbox"/> Obtain peer attention <input type="checkbox"/> Obtain adult attention <input type="checkbox"/> Obtain items/activities <input type="checkbox"/> Avoid tasks/activities <input type="checkbox"/> Avoid peers <input type="checkbox"/> Avoid adults </p> |
| <p>Comments _____</p> <p>_____</p> <p>_____</p> | |

★ Student Signature _____ Staff Signature _____
 Parent Signature _____ Administrative Signature _____
 (Parent can be reached by phone, e-mail, or send this home) (not needed unless major is checked)

For Minor infractions..... White= send to parent Yellow= homeroom teacher Pink= sending staff
 For Major infractions..... Send entire referral to office with student. ★ =These sections must be completed