

SWIS Office Referral Form Example 1

Minor Referral
Staff Managed

Major Referral
Administrator Managed

Entered into SWIS: Yes No

Referral ID: _____

Student: _____

Grade:

6 7 8

Referring Staff: _____

Date: _____

Time: _____

Location: Classroom Hallway Playground Cafeteria Bus Gym Office Restroom
 Commons Library Music Room Off-Campus Art Room Bus Loading Zone Computer Lab
 Assembly/Field Trip Parking Lot

Minor Problem Behavior: Disrespect Defiance Disruption Physical Contact/Physical Aggression
 Tardy Inappropriate Language Property Misuse Dress Code Violation Technology Violation

Major Problem Behavior: Defiance/Non-Compliance Physical Aggression Disruption Disrespect
 Inappropriate Language Tardy Skip Class Bullying Fighting Inappropriate Location Truancy
Forgery/Theft/Plagiarism Technology Lying/Cheating Dress Code Violation
 Inappropriate Display of Affection Gang Affiliation Display Bomb Threat/False Alarm Arson
 Use/Possession of (circle one): Tobacco Drugs *Weapons Combustibles Alcohol

**If a weapon was involved, please note the weapon type/size:* _____

Harassment (circle type): Gender Ethnicity Sexual Race Religion Disability Physical Characteristics

Perceived Motivation: Obtain Peer Attention Obtain Adult Attention Obtain Item/Activity
 Avoid Peer(s) Avoid Adult Avoid Task/Activity

Others Involved: None Peers Teacher Staff Substitute Other Unknown

Action Taken: Alternative Placement Time Out/Detention Conference with Student Loss of Privilege
 Time in Office Individualized Instruction Additional Attendance/Saturday School Bus Suspension
 Restitution Community Service Other Action Taken Parent Contact (contact type: _____)
 In-School Suspension (½ day increments): ____ . ____ days Out-of-School Suspension: (½ day increments): ____ . ____ days
 Expulsion

Notes: _____

SHOW RESPECT
MAKE GOOD DECISIONS
SOLVE PROBLEMS

SWIS Demo School
Referral form Descriptions
Minor vs. Major Behavior Clarifications

REFERRAL FORM
EXAMPLE 2

Date: _____ Time: _____ Referring Staff: _____

Student: _____ IEP 504 Class: _____ Grade: _____

Location:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Gym | <input type="checkbox"/> Music Room | <input type="checkbox"/> Special Event/ Assembly/ Field Trip |
| <input type="checkbox"/> Hallway/Breezeway | <input type="checkbox"/> Office | <input type="checkbox"/> Off-Campus | <input type="checkbox"/> Parking Lot |
| <input type="checkbox"/> Playground | <input type="checkbox"/> Bathroom/Restroom | <input type="checkbox"/> Art Room | <input type="checkbox"/> Locker Room |
| <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Common Area | <input type="checkbox"/> Bus Loading Zone | <input type="checkbox"/> Vocational Room |
| <input type="checkbox"/> Bus | <input type="checkbox"/> Library | <input type="checkbox"/> Computer Lab | <input type="checkbox"/> Other: _____ |

Notes: _____

Problem Behaviors (check the most intrusive):

Please Refer to the [Referral Form Descriptions](#) for clarification on minor vs. major referrals

Minors (Teacher Managed):

Major (Office Managed):

- | | |
|---|--|
| <input type="checkbox"/> Disrespect | <input type="checkbox"/> Disrespect (Blatant or Excessive, Defiance, Leaving Assigned Area, Forgery, Ongoing Pattern) |
| <input type="checkbox"/> Disruption | <input type="checkbox"/> Disruption (Yelling excessively, Pattern of Teacher not being able to teach or children learn, excessive tardy) |
| <input type="checkbox"/> Dress Code | <input type="checkbox"/> Dress Code (Ongoing Pattern, Gang Related) |
| <input type="checkbox"/> Inappropriate Language | <input type="checkbox"/> Inappropriate Language (Blatant or Excessive, Severe Bullying – Verbal, Harassment, Intimidation) |
| <input type="checkbox"/> Property Damage/Misuse | <input type="checkbox"/> Property Damage/Misuse (Excessive, Permanent, Vandalism) |
| <input type="checkbox"/> Physical Contact | <input type="checkbox"/> Physical Contact (Fighting/Repeated Physical Aggression, Loss of Control Out of Anger, Intent to Harm) |
| <input type="checkbox"/> Technology Violation | <input type="checkbox"/> Technology Violation (Accessing “off limit”, inappropriate websites, bullying/harassment on school equipment) |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

Notes: _____

Possible Motivation:

- Avoid Adult(s)
- Avoid Peer(s)
- Avoid Task(s)/Activities/Sensory
- Obtain Adult(s)
- Obtain Peer(s)
- Obtain Task(s)/Activities/Sensory

Teacher or Staff Member Follow-Up Decisions (check the most serious):

- Time Out (Give a break, Sensory Accommodation)
- Conference with Student (Problem-Solving, Class Meeting, Mediated Student Conversation)
- Instruction (Teach Correct Behavior, Reteach, Behavior Plan Implemented w/ Fidelity)
- Parent (Contact, Conference)
- Other (RESET Opportunity, Modify Environment/Expectations)
- Other: _____

Others Directly Involved:

- None Unknown Peer(s) Substitute: _____ Staff Member: _____

Administrative Decision (if referred to Dean’s office):

- | | |
|--|--|
| <input type="checkbox"/> Time Out (Detention, Time in Office) | <input type="checkbox"/> Loss of Privilege(s) _____ |
| <input type="checkbox"/> Conference with Student (Problem-Solving, Mediation) | <input type="checkbox"/> In-School Suspension: _____ |
| <input type="checkbox"/> Restitution (Apology, Community Service) | <input type="checkbox"/> Out of School Suspension: _____ |
| <input type="checkbox"/> Parent (Contact, Conference) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Instruction (Teach Correct Behavior, Reteach, Restorative Solution) | _____ |

Notes: _____

WHITE COPY: To the Office

YELLOW COPY: To Homeroom Teacher

SWIS Office Discipline Referral Form

Student _____ Grade ____ Staff _____ Date _____ Time ____:____

Location

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Cafeteria | Restroom <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C | <input type="checkbox"/> Library |
| Hallway <input type="checkbox"/> East <input type="checkbox"/> West | <input type="checkbox"/> Bus <input type="checkbox"/> Loading Zone | <input type="checkbox"/> Common areas | <input type="checkbox"/> Special Event/Field Trip |
| <input type="checkbox"/> Playground | <input type="checkbox"/> Gym | <input type="checkbox"/> Other: _____ | |

Problem Behaviors Circle the most intrusive. Check one to three secondary behaviors if applicable.

MINOR

MAJOR

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Defiance/ disrespect/ non-compliance | <input type="checkbox"/> Defiance/ insubordination/ non-compliance | <input type="checkbox"/> Bullying | <input type="checkbox"/> Tobacco |
| <input type="checkbox"/> Disruption | <input type="checkbox"/> Disruption | <input type="checkbox"/> Fighting | <input type="checkbox"/> Drugs |
| <input type="checkbox"/> Disrespect | <input type="checkbox"/> Disrespect | <input type="checkbox"/> Technology violation | <input type="checkbox"/> Gang Display |
| <input type="checkbox"/> Physical contact | <input type="checkbox"/> Physical aggression | <input type="checkbox"/> Inappropriate location/ out of bounds area | Weapons
<input type="checkbox"/> Knife : < 6" |
| <input type="checkbox"/> Tardy | <input type="checkbox"/> Tardy <input type="checkbox"/> Skipping | <input type="checkbox"/> Truancy | <input type="checkbox"/> Knife : > 6" |
| <input type="checkbox"/> Inappropriate lang. | <input type="checkbox"/> Abusive lang./ inappr. lang./ profanity | <input type="checkbox"/> Forgery/ theft/ plagiarism | <input type="checkbox"/> gun |
| <input type="checkbox"/> Property misuse | | | <input type="checkbox"/> other: _____ |
| <input type="checkbox"/> Dress code | Harassment | <input type="checkbox"/> Inappropriate display of affection | <input type="checkbox"/> Bomb threat/ false alarm |
| <input type="checkbox"/> Technology | <input type="checkbox"/> disability <input type="checkbox"/> race | <input type="checkbox"/> Lying/ cheating | <input type="checkbox"/> Arson |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> ethnicity <input type="checkbox"/> religion | <input type="checkbox"/> Dress code | <input type="checkbox"/> Property damage |
| | <input type="checkbox"/> gender <input type="checkbox"/> sexual | <input type="checkbox"/> Other: _____ | |
| | <input type="checkbox"/> physical <input type="checkbox"/> other | | |

Possible Motivation

- | | | | |
|--|---|---|----------------------------------|
| <input type="checkbox"/> Obtain Peer Attention | <input type="checkbox"/> Obtain Items/ activities | <input type="checkbox"/> Obtain Adult Attention | <input type="checkbox"/> Other |
| <input type="checkbox"/> Avoid Peer Attention | <input type="checkbox"/> Avoid Tasks/ activities | <input type="checkbox"/> Avoid Adult Attention | <input type="checkbox"/> Unknown |

Others involved:

- None Peers Teacher Staff Substitute Unknown Other: _____

Restraint/ Seclusion:

- None Restraint Seclusion Restraint & Seclusion

Action(s) Taken Circle the most severe. Check one to three secondary behaviors, if applicable.

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Time out/ detention | <input type="checkbox"/> Out-of-sch. Susp. _____ days | <input type="checkbox"/> Additional attendance | <input type="checkbox"/> Expulsion _____ days |
| <input type="checkbox"/> Confer. w/ student | <input type="checkbox"/> Parent contact | <input type="checkbox"/> Bus suspension | <input type="checkbox"/> Alternative Placement |
| <input type="checkbox"/> In-sch. susp. _____ days | <input type="checkbox"/> Time in office | <input type="checkbox"/> Restitution | <input type="checkbox"/> Action Pending |
| <input type="checkbox"/> Loss of privileges | <input type="checkbox"/> Individual instruction | <input type="checkbox"/> Community service | <input type="checkbox"/> Other: _____ |

Notes

Office Referral Form

Name: _____ Date: _____ Time: _____ Teacher: _____ Grade: K 1 2 3 4 5 Referring Staff: _____	<p style="text-align: center;">Location</p> <input type="checkbox"/> Classroom <input type="checkbox"/> Hallway <input type="checkbox"/> Playground <input type="checkbox"/> Cafeteria <input type="checkbox"/> Bathroom <input type="checkbox"/> Library <input type="checkbox"/> Other _____
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Minor Problem Behavior	Major Problem Behavior	Possible Motivation
<input type="checkbox"/> Defiance <input type="checkbox"/> Disruption <input type="checkbox"/> Disrespect <input type="checkbox"/> Physical Contact <input type="checkbox"/> Tardy <input type="checkbox"/> Inappropriate Language <input type="checkbox"/> Property Misuse <input type="checkbox"/> Dress Code <input type="checkbox"/> Electronic/Tech. Violation <input type="checkbox"/> Other _____	<input type="checkbox"/> Defiance <input type="checkbox"/> Disruption <input type="checkbox"/> Disrespect <input type="checkbox"/> Abusive Language <input type="checkbox"/> Harassment <input type="checkbox"/> Fighting <input type="checkbox"/> Electronic/Tech. Violation <input type="checkbox"/> Property Damage <input type="checkbox"/> Lying/ Cheating <input type="checkbox"/> Dress Code <input type="checkbox"/> Inappropriate Display of Affection <input type="checkbox"/> Other _____	Get: <input type="checkbox"/> Peer Attention <input type="checkbox"/> Adult Attention <input type="checkbox"/> Item/Activity Avoid <input type="checkbox"/> Peer Attention <input type="checkbox"/> Adult Attention <input type="checkbox"/> Item/Activity

Action Taken	
<input type="checkbox"/> Time Out/Detention <input type="checkbox"/> Conference with Student <input type="checkbox"/> Loss of Privileges <input type="checkbox"/> Parent Contact <input type="checkbox"/> Individualized Instruction	<input type="checkbox"/> In-School Suspension (_____ hours/days) <input type="checkbox"/> Out-of-School Suspension (_____ hours/days) <input type="checkbox"/> Action Pending <input type="checkbox"/> Other _____

Others involved in incident: None Teacher Substitute Unknown
 Peers Staff Other _____

Other Comments:

I need to talk to the students' teacher I need to talk to the administrator

Parent Signature: _____ **Date:** _____

SWIS Office Referral Form Example 5

Major Office Discipline Referral Form

Name: _____ Grade: _____ Date: _____

Referring Staff: _____ Time of incident: _____

Others involved: No One Peers Teacher Staff Substitute Unknown

Check 1-2 behaviors as applicable. Circle the primary behavior.

Major Problem Behavior:

- Defiance/Disrespect
- Physical Aggression
- Disruption
- Abusive Language
- Tardy
- Harassment
- Fighting
- Electronic Violation
- Dress Code
- Other: _____

Location:

- Classrooms
- Hall
- Playground
- Cafeteria
- Bathroom
- Bus Loading Zone
- Commons
- Don't know
- Other: _____

Perceived Motivation

- Attention from peers
- Attention from adults
- Obtain item/activity
- Avoid peers
- Avoid adults
- Avoid work/activity
- Don't know
- Other: _____

**Please avoid using "don't know" or "other" whenever possible. Thanks. ~PBIS Team*

Action(s) Taken:

- Time Out/Detention
- Conference w/ student
- In-School Susp. ____ days
- Loss of Privilege(s): _____
- Out-of-School Susp. ____ days
- Parent Contact
- Other: _____

What happened? _____

Follow up Agreement

Name: _____ Date: _____

1. What rule(s) did you break? (Circle) Be Safe Be Respectful Be Responsible

2. What will you do differently next time? (Continue on back as needed)

Student Signature: _____ Adult Signature: _____

SWIS Office Referral Form Example 6

School Name: _____ Incident Type: Minor Major
 Student Name: _____ Student #: _____ M / F Grade: _____
 Date: ___/___/___ Time: ___:___ Reported by: _____ Incident #: _____

Incident Site				
<input type="checkbox"/> (01) Classroom	<input type="checkbox"/> (05) Office	<input type="checkbox"/> (09) Restroom	<input type="checkbox"/> (12) Bus Loading	<input type="checkbox"/> (14) Off Campus
<input type="checkbox"/> (02) Playground	<input type="checkbox"/> (06) Hllwy/Brzwy	<input type="checkbox"/> (10) Gym	<input type="checkbox"/> (15) On Bus	<input type="checkbox"/> Other
<input type="checkbox"/> (03) Commons	<input type="checkbox"/> (08) Cafeteria	<input type="checkbox"/> (11) Library	<input type="checkbox"/> (13) Parking Lot	

Incident/Offense Type	Motivation	Previous Action by Staff
Major <input type="checkbox"/> (01) Inappropriate Language	<input type="checkbox"/> (01) Avoid adults	<input type="checkbox"/> Verbal reprimand/warn.
Minor <input type="checkbox"/> (58) Fighting	<input type="checkbox"/> (02) Avoid peers	<input type="checkbox"/> Parent contact
<input type="checkbox"/> (03) (59) Disrespect/Non-compliance	<input type="checkbox"/> (03) Avoid task/activity	<input type="checkbox"/> Student conference
<input type="checkbox"/> (07) (60) Cheating	<input type="checkbox"/> (04) Obtain adult attn.	<input type="checkbox"/> Parent Conference
<input type="checkbox"/> (09) Bullying/Harassment	<input type="checkbox"/> (05) Obtain peer attn.	<input type="checkbox"/> Detention
<input type="checkbox"/> (22) (65) Teasing/Name calling	<input type="checkbox"/> (06) Obtain items/activities	<input type="checkbox"/> Referral
<input type="checkbox"/> (23) (61) Disruption	<input type="checkbox"/> (30) Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> (24) Tardy/Attendance		
<input type="checkbox"/> (32) (63) Theft		
<input type="checkbox"/> (50) (62) Vandalism		
<input type="checkbox"/> (38) Tobacco <input type="checkbox"/> (39) Alcohol <input type="checkbox"/> (40) Drugs		
<input type="checkbox"/> (53) Weapon: Type _____		
<input type="checkbox"/> (57) (70) Other		

Members Involved	
<input type="checkbox"/> Staff	<input type="checkbox"/> None
<input type="checkbox"/> Peers	<input type="checkbox"/> Unknown
<input type="checkbox"/> Guest Teacher	

Incident Description:

Administrative Action		
<input type="checkbox"/> (01) Time in office	<input type="checkbox"/> (21) Comm. Svc: _____	<input type="checkbox"/> (28) Suspension (See Box Below)
<input type="checkbox"/> (04) Conference Student	<input type="checkbox"/> (22) Restitution	<input type="checkbox"/> (30) Bus Suspension
<input type="checkbox"/> (05) Conference Parent	<input type="checkbox"/> (23) Apology Letter	<input type="checkbox"/> (35) Expulsion recommendation
<input type="checkbox"/> (12) Privilege Loss	<input type="checkbox"/> (26) Reteach Rule	<input type="checkbox"/> Other _____
<input type="checkbox"/> (18) Detention on ___/___/___		
Truancy filed: <input type="checkbox"/> District <input type="checkbox"/> County		
Explanation of action taken: _____ _____		
Date Action assigned: ___/___/___ Assigned by: _____		
Parent contacted Y / N Phone #: _____ Date: ___/___/___ Time: ___:___		

Notice of Suspension from School		
<input type="checkbox"/> In-School	<input type="checkbox"/> Out-of-School	# of days: _____
Beginning Date: ___/___/___		Return Date: ___/___/___
* <input type="checkbox"/> Conference required return to school		
Students are not allowed on district grounds during their suspension.		
It is the responsibility of the student, parent, or guardian to request assigned work.		

Student Signature: _____ School Official Signature: _____