



## Dickson Elementary

### Office Referral Form

Name: \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Teacher: \_\_\_\_\_  
Grade: K 1 2 3 4 5 6  
Referring Staff: \_\_\_\_\_

Location:  
 Playground       Library  
 Cafeteria       Restroom  
 Hallway       Arrival/Dismissal  
 Classroom       Other \_\_\_\_\_

**The following behaviors are considered "MAJOR", and will be automatically referred to an administrator:**

Problem Behavior	Administrative Decision
<input type="radio"/> Stealing <input type="radio"/> Weapon(s) <input type="radio"/> Severe Defiance <input type="radio"/> Property Misuse <input type="radio"/> Alcohol/Drugs <input type="radio"/> Abusive Language <input type="radio"/> Fighting/Physical Aggression <input type="radio"/> Bullying/Harassment <input type="radio"/> 4 <sup>th</sup> Intervention Log entry <input type="radio"/> Safety Concern <input type="radio"/> Other _____  _____ _____ _____	<input type="radio"/> Loss of privilege(s) <input type="radio"/> Time in office <input type="radio"/> Conference with student <input type="radio"/> Parent contact <input type="radio"/> Individualized Instruction <input type="radio"/> In-school suspension _____ hours _____ days <input type="radio"/> Out of school suspension _____ hours _____ days <input type="radio"/> Other _____  _____ _____ _____

Other comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Comments/Requests:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_