



Dickson Elementary

Office Referral Form

Name: _____ Date: _____ Time: _____ Teacher: _____ Grade: K 1 2 3 4 5 6 Referring Staff: _____	Location: <div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> Playground <input type="radio"/> Cafeteria <input type="radio"/> Hallway <input type="radio"/> Classroom </div> <div> <input type="radio"/> Library <input type="radio"/> Restroom <input type="radio"/> Arrival/Dismissal <input type="radio"/> Other _____ </div> </div>
--	--

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 th 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:
