

Date \_\_\_\_\_

Time \_\_\_\_\_

# Wellpinit School District Discipline Referral

Student Name \_\_\_\_\_

Staff Name \_\_\_\_\_

Grade Level \_\_\_\_\_

### Location (check the location)

- |                                      |                                       |   |                                      |  |
|--------------------------------------|---------------------------------------|---|--------------------------------------|--|
| <input type="checkbox"/> *Classroom  | <input type="checkbox"/> Cafeteria    | <input type="checkbox"/> Library          | <input type="checkbox"/> Parking Lot | <input type="checkbox"/> Outside         |
| <input type="checkbox"/> Hallway     | <input type="checkbox"/> Gym          | <input type="checkbox"/> Bus loading zone | <input type="checkbox"/> On Bus      | <input type="checkbox"/> Bathroom        |
| <input type="checkbox"/> Common Area | <input type="checkbox"/> Other: _____ |   |                                      | *If not your classroom write under other |

### Problem Behaviors (check ONE behavior)

#### Disruption of the classroom

- Multiple interruptions of the teacher
- Multiple annoying of other students
- Throwing/Slamming materials
- Yelling

#### Defiance/Non-Compliance

- Failure to follow multiple adult request
- Repeated arguing
- Repeated refusal to complete assignment(s)
- Multiple occurrences of cheating
- Plagiarism
- Driving infraction

#### Inappropriate language

- Cursing at a person
- Racially/Sexually charged language

#### Tardies/Truancy

- 3 Tardies
- Skipping class
- Leaving class/campus without permission

#### Technology Violation

- Taking home school technology
- Using phone during school time
- Refusing to turn in phone
- Major Tech damage
- Inappropriate use of web/apps

#### Physical aggression

- Fighting, pushing, hitting, posturing
- Threatening \_\_\_\_\_  
Name

#### Possession/Use of Substances

- Illegal Substances
- Tobacco/VapPens

#### Other

- Theft
- Property destruction
- Weapons

#### Harassment/Intimidation/Bullying

Fill out HIB form in the office for Suspected harassment/intimidation/bullying

### Possible Motivation (check all that apply)

- |  |   |  |                                      |
|--|---|--|--------------------------------------|
| <input type="checkbox"/> Obtain peer attention | <input type="checkbox"/> Obtain adult attention | <input type="checkbox"/> Obtain items/activities | <input type="checkbox"/> Don't Know  |
| <input type="checkbox"/> Avoid tasks/activity  | <input type="checkbox"/> Avoid peer (s)         | <input type="checkbox"/> Avoid adult(s)          | <input type="checkbox"/> Other _____ |

### Others Involved (check all that apply)

- |                               |                                |                                |                                  |                                     |                                  |                                      |
|-------------------------------|--------------------------------|--------------------------------|----------------------------------|-------------------------------------|----------------------------------|--------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Peers | <input type="checkbox"/> Staff | <input type="checkbox"/> Teacher | <input type="checkbox"/> Substitute | <input type="checkbox"/> Unknown | <input type="checkbox"/> Other _____ |
|-------------------------------|--------------------------------|--------------------------------|----------------------------------|-------------------------------------|----------------------------------|--------------------------------------|

### Administrative Decision

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Time Out option         | <input type="checkbox"/> Lunch detention | <input type="checkbox"/> Afterschool detention      | <input type="checkbox"/> Classes Only             |
| <input type="checkbox"/> Loss of privilege       | <input type="checkbox"/> Parent Contact  | <input type="checkbox"/> Individualized instruction | <input type="checkbox"/> Out-of-school suspension |
| <input type="checkbox"/> Conference with Student | <input type="checkbox"/> Other _____     |   |   |

Rubric Level \_\_\_\_\_ Offense Number \_\_\_\_\_ Parent Contact \_\_\_\_\_

### Comments

Student Signature \_\_\_\_\_

Administrator Signature \_\_\_\_\_

Date \_\_\_\_\_

