

Wellpinit Middle/High School Discipline Referral

Student Name	Staff Name	Grade	Date	Time
Location (check the location)				
<input type="checkbox"/> *Classroom <input type="checkbox"/> Cafeteria <input type="checkbox"/> Hallway <input type="checkbox"/> Bathroom North Wing South Wing Upstairs Downstairs	<input type="checkbox"/> Library <input type="checkbox"/> Commons <input type="checkbox"/> Bus loading zone <input type="checkbox"/> On Bus <input type="checkbox"/> Other:	<input type="checkbox"/> Gym/Locker Room <input type="checkbox"/> Parking Lot <input type="checkbox"/> Play Field <input type="checkbox"/> Office	*If not your classroom write under other	
Problem Behavior (CHECK ONE BEHAVIOR)				
<u>Disruption of the Classroom</u> <input type="checkbox"/> Multiple interruptions of teacher <input type="checkbox"/> Multiple annoying of students <input type="checkbox"/> Throwing/Slamming materials <input type="checkbox"/> Yelling	<u>Inappropriate Language</u> <input type="checkbox"/> Cursing at a person <input type="checkbox"/> Charged Language, not targeted <u>Disrespect</u> <input type="checkbox"/> Socially rude and dismissive messages <u>Technology Violation</u> <input type="checkbox"/> Taking home school technology <input type="checkbox"/> Using phone during school time <input type="checkbox"/> Refusing to turn in phone <input type="checkbox"/> Inappropriate use of web/apps <u>Physical Aggression</u> <input type="checkbox"/> Fighting, hitting <input type="checkbox"/> Posturing, threats, pushing Threatening who:	<u>Other Major Offenses</u> <input type="checkbox"/> Dress code issue-multiple requests <input type="checkbox"/> Multiple incidents cheating/ lying <input type="checkbox"/> Theft/ Forgery/ Plagerism <input type="checkbox"/> Property destruction/ Vandalism <input type="checkbox"/> Major tech- property damage <input type="checkbox"/> Tobacco/VapPens <input type="checkbox"/> Illegal Substances- type _____ <u>Weapons</u> <input type="checkbox"/> Weapons Gun Knife Other:		
<u>Defiance/Non-Compliance</u> <input type="checkbox"/> Not following repeated adult requests <input type="checkbox"/> Repeated arguing <input type="checkbox"/> Repeated refusals to do assignments <input type="checkbox"/> Driving infraction	<u>Tardies / Truancy</u> <input type="checkbox"/> Three tardies <input type="checkbox"/> Skipping/out without permission <input type="checkbox"/> Leaving campus without checking out	Circle: <u>Harassment Intimidation Bullying</u> Circle: race, ethnic, gender, hate, sex, disability, religion, physical trait Other:		
Fill out HIB form in the office and attach to referral for suspected HIB.				
Possible Motivation (check all that apply)				
<input type="checkbox"/> Obtain peer attention <input type="checkbox"/> Avoid tasks/activity	<input type="checkbox"/> Obtain adult attention <input type="checkbox"/> Avoid peer (s) <input type="checkbox"/> Avoid adult(s)	<input type="checkbox"/> Obtain items/activities <input type="checkbox"/> Other <input type="checkbox"/> Don't Know		
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"/> Other				
Administrative Decision:				
<input type="checkbox"/> Time Out option <input type="checkbox"/> Loss of privilege <input type="checkbox"/> Conference with Student <input type="checkbox"/> Bus Suspension <input type="checkbox"/> Intervention Other (Describe):	<input type="checkbox"/> Lunch detention <input type="checkbox"/> Individualized instruction <input type="checkbox"/> Alternate Placement <input type="checkbox"/> Restitution/Community Service	<input type="checkbox"/> In-school suspension <input type="checkbox"/> Out-of-school suspension <input type="checkbox"/> Time in Office <input type="checkbox"/> Additonal Time/After School Detention		
Rubric Level:	Offense Number:	Parent Contact :	Yes or No	
Administrative Note:		Method of contact:		
Comments:				
Student Signature		Administrator Signature		Date

Student Minor Behavior Report

Student Name:		Teacher Name:		Motivation	
Date, Time, Location	Minor Behavior Description	Intervention	Outcome	Parent Contact Yes or No	
				Type of Contact:	

Circle One: Defiance Disruption Language Dress Code Tech Violaiton
 Disrespect Physical Aggression Physical Contact Property Misuse Other:

Copies to:	Admin Action Taken:
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Student Name:		Teacher Name:		Motivation	
Date, Time, Location	Minor Behavior Description	Intervention	Outcome	Parent Contact Yes or No	
				Type of Contact:	

Circle One: Defiance Disruption Language Dress Code Tech Violaiton
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Student Name:		Teacher Name:		Motivation	
Date, Time, Location	Minor Behavior Description	Intervention	Outcome	Parent Contact Yes or No	
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Directions for staff: This log is for minor offenses that require multiple incidents (3) before a major office referral is written. Log minor behaviors/interventions before submitting a major office referral. Submit a copy of each minor report to the principal as the minor behaviors occur.