

## Wellpinit Middle/High School Discipline Referral

Student Name	Staff Name	Grade	Date	Time	
<b>Location (check the location)</b>					
<input type="checkbox"/> *Classroom <input type="checkbox"/> Hallway North Wing   South Wing	<input type="checkbox"/> Cafeteria <input type="checkbox"/> Bathroom Upstairs   Downstairs	<input type="checkbox"/> Library <input type="checkbox"/> Bus loading zone <input type="checkbox"/> Other:	<input type="checkbox"/> Commons <input type="checkbox"/> On Bus	<input type="checkbox"/> Gym/Locker Room <input type="checkbox"/> Play Field *If not your classroom write under other	<input type="checkbox"/> Parking Lot <input type="checkbox"/> Office
<b>Problem Behavior (CHECK THE PRIMARY BEHAVIOR)</b>					
<b><u>Disruption of the Classroom</u></b> <input type="checkbox"/> Multiple interruptions of teacher <input type="checkbox"/> Multiple annoying of students <input type="checkbox"/> Throwing/Slamming materials <input type="checkbox"/> Yelling <b><u>Technology Violation</u></b> <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 <b><u>Physical Aggression</u></b> <input type="checkbox"/> Fighting, hitting <input type="checkbox"/> Posturing, threats, pushing Threatening who:		<b><u>Defiance / Non-Compliance</u></b> <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 <input type="checkbox"/> Dress code issue-multiple requests <input type="checkbox"/> Multiple cheating/lying <b><u>Tardies / Truancy</u></b> <input type="checkbox"/> Three tardies <input type="checkbox"/> Skipping/out without permission <input type="checkbox"/> Leaving campus without checking out <b><u>Inappropriate Language</u></b> <input type="checkbox"/> Cursing at a person <input type="checkbox"/> Charged Language, not targeted		<b><u>Other Offenses</u></b> <input type="checkbox"/> Theft/Forgery/Plagerism <input type="checkbox"/> Property damage/ Vandalism/Theft <input type="checkbox"/> Major tech- property damage <input type="checkbox"/> Tobacco/VapPens <input type="checkbox"/> Illegal Substances- type _____ <b><u>Weapons</u></b> Injury: yes no <input type="checkbox"/> Weapons Gun      Knife      Other:	
<b>HIB: If you think the actions of the student is harassment, intimidation or bullying, fill out HIB form in the office and attach to in addition to completing referral.</b>					
Circle: Harassment   Intimidation   Bullying Circle: race, ethnic, gender, hate, sex, disability, religion, physical trait Other:					
<b>Possible Motivation (check one)</b>					
<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	
<b>Others Involved</b>					
<input type="checkbox"/> None <input type="checkbox"/> Peers	<input type="checkbox"/> Staff	<input type="checkbox"/> Teacher	<input type="checkbox"/> Substitute	<input type="checkbox"/> Other	
<b>Administrative Decision:</b> <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:				
<b>Comments:</b>					

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	
				<b>Type of Contact:</b>	
<b>Circle One:</b>	Defiance	Disruption	Language	Dress Code	Tech Violaiton
Disrespect	Physical Aggression	Physical Contact	Property Misuse	Other:	
Copies to:			Admin Action Taken:		

**Student Name:**

**Teacher Name:**

**Motivation**

Date, Time, Location	Minor Behavior Description	Intervention	Outcome	Parent Contact Yes or No	
				<b>Type of Contact:</b>	
<b>Circle One:</b>	Defiance	Disruption	Language	Dress Code	Tech Violaiton
Disrespect	Physical Aggression	Physical Contact	Property Misuse	Other:	
Copies to:			Admin Action Taken:		

**Student Name:**

**Teacher Name:**

**Motivation**

Date, Time, Location	Minor Behavior Description	Intervention	Outcome	Parent Contact Yes or No	
				<b>Type of Contact:</b>	
<b>Circle One:</b>	Defiance	Disruption	Language	Dress Code	Tech Violaiton
Disrespect	Physical Aggression	Physical Contact	Property Misuse	Other:	
Copies to:			Admin Action Taken:		

**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.