School Logo Here **Office Discipline Referral** 4th minor for same behavior = office referral School Name Here School-Wide Expectations Here Student Name:______Grade:_____Homeroom Teacher:_____ Referring Staff: _____ Date: _____ Time: _____ Location: Classroom Hallway Bathroom Cafeteria Playground Other: **Behavior Minor*** _Physical Contact Dress Code ____Defiance ____Theft ____Disrespect Disruption ____Vandalism Language Dress Code Academic Dishonesty Bus Misconduct Harassment ___Other/Comments:_ Behavior Major* _Abusive Language _____Vandalism ____Overt Defiance _____Disrespect-continued Disruption-continued Harassment-continued ____Weapons/Dangerous Items ____Bullying ____Assault _____Threat/Intimidation Fighting ____Alcohol/Tobacco/Drugs ____Received four or more minor referrals in quarter (attach copies) ____Other/Comments:_____ Witness/Victim Information Documented for AZ Safe: Yes No Possible Motivation: ____Adult Attention ____Obtain Items/Activities ____Avoid Peers ____Avoid Task/Activity ____Don't Know Peer Attention Other/Comments:_____ Student: Have you shared your side of the story? Yes No Is this a concern about: Safe Respectful Responsible What will be your actions next time?_____ Student Signature: Action Taken by Teacher/Administrator: _____Administrative Detention/Suspension: DISD____day(s) or DOSS___day(s) Conference with Student Parent Contact School Community Service Loss of Privilege Time Out/Detention Student Contract Student Apology Other/Comments: *All "minors" are filed with the classroom teacher. All "majors" require administrative decision and parent signature. Administrator Signature: Date: Parent Signature: Date: Date: Office Use Only