

# JPS Office Discipline-Behavior Referral

School Name

Referral #

### **Student Information:**

Last Name:	First Name:	MSIS ID #	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Birthdate:	Grade:
Parent / Guardian Name(s):		Phone Numbers: <input type="checkbox"/> Ex. Ed. <input type="checkbox"/> 504 <input type="checkbox"/> Tier <input type="checkbox"/> Behavior Plan			

### Incident Information:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ ☐ AM ☐ PM Referring Staff: \_\_\_\_\_

**Briefly Describe Problem** (*Attach additional page if necessary*):

**Location:**

- ☐ Classroom Hallway  
☐ Cafeteria Restroom  
☐ Gym  
☐ Library  
☐ Bus Loading Zone  
☐ Bus (#\_\_\_\_)  
☐ Special Event Office  
☐ Common Area Other  
☐ Location

(List): \_\_\_\_\_

**Others Involved:** *Attach reports with names):*

- ☐ None  
☐ Peers  
☐ Staff  
☐ Teacher Substitute  
☐ Unknown  
☐ Other

### Reason for Behavior:

- ☐ Obtain Peer Attention
- ☐ Obtain Adult Attention
- ☐ Obtain Items/Activity
- ☐ Avoid Task/Activity
- ☐ Avoid Work
- ☐ Avoid Peers Avoid
- ☐ Adults
- ☐ Unknown Motivation
- ☐ Other

**Provide documentation of interventions**

**Problem Behavior:** (Check one)

- ☐ Academic Dishonesty (Dishonesty, cheating, plagiarism)
- ☐ Alcohol (Use/Possession/Distribution, selling to students)
- ☐ Assault Physical-Verbal or physical assault resulting in a court prosecution
- ☐ Attack Physical-Student
- ☐ Attack Physical-Student/Staff\*\*\*
- ☐ Bomb Threat\*
- ☐ Bullying/Harassment/Cyberbullying Hazing\*\*\*
- ☐ Bullying/Harassment/Cyberbullying\*\*\*
- ☐ Destruction of Property (over \$500)
- ☐ Disorderly Conduct (Unlawful conduct that promotes an unsafe or other environment resulting in prosecution)
- ☐ Disrespect Towards Others (Refusal or willful failure to carry out request by school personnel)
- ☐ Disruption (Talking out in class or talking out of turn; throwing objects; picking on, bothering or teasing other students)
- ☐ Drugs/Controlled Substance (Possession, sale, use or distribution of illegal prescription or over-the-counter drugs)\*
- ☐ Fighting (Physical aggression with another student (e.g., minor injuries or serious bodily injury)\*\*\*
- ☐ Fighting (Physical aggression with another student (e.g., shoving or pushing)
- ☐ Fighting (Physical aggression with another student (e.g., shoving, pushing or minor injuries)
- ☐ Fighting (Physical aggression with another student/serious bodily injury)\*\*\*
- ☐ Firearm Possession (handgun only)\*\*\*

- ☐ Gambling (Requiring the use of money or exchangeable goods)
- ☐ Gang-Related Activity\*\*\*
- ☐ Group Fight (Three or more students involved in a physical altercation on school grounds; or results in serious bodily injury)\*
- ☐ Homicide (Death caused by student)\*\*\*
- ☐ Internet/Computer/Electronic Device Misuse (Unauthorized or inappropriate use of technology)
- ☐ Mayhem (Disfigurement, slicing, cutting with a razor of a person)\*
- ☐ Poisoning (Hazardous substance ingested by a person)\*\*\*
- ☐ Possession of Weapon (Any weapon other than a firearm)\*\*\*
- ☐ Rifle\*\*\*
- ☐ Sexual Assault/Attack (Intentionally engaging in a physical/sexual attack)\*\*\*
- ☐ Sexual Misconduct (Sexual harassment/Sexual Activity)
- ☐ Shakedown/Strong Arm Extortion (with or without a weapon)\*
- ☐ Theft (\$500 or more)
- ☐ Threat (Written or verbal threat to an adult)
- ☐ Tobacco Use
- ☐ Trespassing (Entering school property without authorization, before and after school hours/school activity while suspended or expelled)
- ☐ Truancy (Leaving class or area w/o school permission, cutting class)
- ☐ Vandalism (Destruction or deface school property)\*

Note:\*State Law

\*\*\*Persistently Dangerous/State Law/Code

-----School Administrator Use Only-----

## Administrative//Strategy/Intervention/Decision

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Student Conference                 | <input type="checkbox"/> Student/Administrator/Parent Conference       | <input type="checkbox"/> Refer to Support Agency |
| <input type="checkbox"/> Administrative Inquiry             | <input type="checkbox"/> Behavior Contract                             | <input type="checkbox"/> Bus Suspension          |
| <input type="checkbox"/> Review of Behavioral Supports      | <input type="checkbox"/> Loss of privileges/restricted from activities | <b><u>Comments:</u></b>                          |
| <input type="checkbox"/> Restorative Discipline/Practice    | <input type="checkbox"/> Detention - Before/After School               |  |
| <input type="checkbox"/> Parent Contact                     | <input type="checkbox"/> In-School Detention                           |  |
| <input type="checkbox"/> Referral to School-Based Counselor | <input type="checkbox"/> In-School Suspension                          |  |
| <input type="checkbox"/> IEP Committee Mtg.                 | <input type="checkbox"/> Out-of School Suspension                      |  |
| <input type="checkbox"/> Referral to MTSS/PBIS              | <input type="checkbox"/> Expulsion                                     |  |

**Comments:**

Revised 9/2017

Signatures: Student \_\_\_\_\_ Parent \_\_\_\_\_ Administrator \_\_\_\_\_ Data Entry (Initial) \_\_\_\_\_