MAIN STREET ELEMENTARY SCHOOL OFFICE DISCIPLINE REFERRAL

Student Name:			
Referring Adult:			
Others Involved:			
Date:	Time:		Grade:
LOCATION (CHECK ONE)			
Classroom	Hallway	Bus	Other
GymS	Stairwell	School Grounds	
Art Room [Bathroom	Assembly	
Music Room (Cafeteria	Field Trip	
Library(Computer Lab/Use	Special Event	
MISBEHAVIOR			
Fighting F	Repeated Refusal	Multiple	Minors
Harassment/Bully [Escalated Tantrum	Other ()
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	(XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	xxxxxxxxxxxxxxxxxxxxxxx	XXXXXXXXXXXXXX
CONSEQUENCES			
Loss of Privilege(s) () Meeting(s) with Guidance
In Office Suspension (hours/days)		Indiv. Beł	navior Plan
Out Of School Suspension (_	days)	Other ()
All Office Discipline Referrals will include administrator-initiated communication with parent/guardian			
All Office Discipline Referrals will include follow-up conference between student, referring adult, and administrator			
SWIS PS	Parent Contact		

STUDENT REFLECTION

Please check all responses that apply.

am here because I had a problem in the following area(s):
Respect Myself or Others
Own My Own Behavior
Caring Words and Deeds
Keep Safe
I wanted:
Obtain Peer Attention Avoid Adult
Obtain Feel Attention Avoid Addit
Avoid Tasks/Activities Avoid Peer(s)
Obtain Items/Activities Other (
Obtain Adult Attention Unknown Motivation
What will you do differently next time?