

# Office Discipline Referral Form

## SWIS II™ OFFICE DISCIPLINE REFERRAL FORM

Student \_\_\_\_\_ Referring Staff \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

### Location

- |                                     |                                    |   |                                     |
|-------------------------------------|------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> Classroom  | <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Bus loading zone       | <input type="checkbox"/> Hallway    |
| <input type="checkbox"/> Playground | <input type="checkbox"/> Bathroom  | <input type="checkbox"/> On bus                 | <input type="checkbox"/> Media      |
| <input type="checkbox"/> Commons    | <input type="checkbox"/> Gym       | <input type="checkbox"/> Special event/assembly | <input type="checkbox"/> Field trip |

### Description of Incident: Completed by teacher. Be specific. (Do Not include other students names)

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### Others Involved:

- None     Peer(s)     Staff     Teacher     Substitute     Unknown     Other

### Administrative Decision: (ADMINISTRATION USE ONLY)

#### Offense # \_\_\_\_\_

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Time in office       | <input type="checkbox"/> Loss of Recess      | <input type="checkbox"/> Clean Up Duty              | <input type="checkbox"/> In School Suspension |
| <input type="checkbox"/> Loss of privilege    | <input type="checkbox"/> Parent Contact      | <input type="checkbox"/> Individualized Instruction | <input type="checkbox"/> Out of School Susp   |
| <input type="checkbox"/> Conference w/student | <input type="checkbox"/> Corporal Punishment | <input type="checkbox"/> Other _____                |   |

### Administrative Comments:

### Parent/Guardian Comments:

Administrator's Signature: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_