



Liberty Elementary School

Minor Discipline Referral Form

Name: _____ Time: _____ Date: _____ Homeroom Teacher: _____ Grade: PreK K 1 2 3 4 Referring Staff: _____	<p style="text-align: center;"><u>Location</u></p> <input type="checkbox"/> <u>Classroom</u> <input type="checkbox"/> <u>Playground</u> <input type="checkbox"/> <u>Cafeteria</u> <input type="checkbox"/> <u>Hallway</u> <input type="checkbox"/> <u>Restroom</u> <input type="checkbox"/> <u>Related Arts</u> <input type="checkbox"/> <u>Other:</u> _____
--	--

BEHAVIOR TO IMPROVE	INTERVENTIONS	Others Involved/Perceived Motivation
<p style="text-align: center;">Classroom Managed:</p> <input type="checkbox"/> <i>Inappropriate Language/Gestures</i> <input type="checkbox"/> <i>Physical Contact</i> <input type="checkbox"/> <i>Defiance/Disrespect</i> <input type="checkbox"/> <i>Non-compliance</i> <input type="checkbox"/> <i>Lying</i> <input type="checkbox"/> <i>Cheating</i> <input type="checkbox"/> <i>Disruption</i> <input type="checkbox"/> <i>Property Misuse/Damage</i> <input type="checkbox"/> <i>Harassment/Bullying</i> <input type="checkbox"/> <i>Technology Violation</i>	<p style="text-align: center;">Teacher/Staff:</p> <input type="checkbox"/> <i>Re-Teaching of Desired Behavior</i> Date: _____ <input type="checkbox"/> <i>Student conference</i> Date: _____ <input type="checkbox"/> <i>Loss of Privilege</i> Date: _____ <input type="checkbox"/> <i>Time Out</i> Date: _____ <input type="checkbox"/> <i>Parent Contact</i> Date: _____ <input type="checkbox"/> <i>Guidance Referral</i> Date: _____	<input type="checkbox"/> <i>None</i> <input type="checkbox"/> <i>Peers</i> <input type="checkbox"/> <i>Staff</i> <input type="checkbox"/> <i>Teacher</i> <input type="checkbox"/> <i>Substitute</i> <hr style="border-top: 1px dashed black;"/> <p style="text-align: center;">Possible Motivation:</p> <input type="checkbox"/> <i>Obtain Peer attention</i> <input type="checkbox"/> <i>Obtain Adult attention</i> <input type="checkbox"/> <i>Avoid peers</i> <input type="checkbox"/> <i>Avoid adults</i> <i>Avoid task or activity</i>

Action Taken		
<p style="text-align: center;">Teacher Interventions</p> <input type="checkbox"/> <i>Alternative placement</i> <input type="checkbox"/> <i>Time in Office</i> <input type="checkbox"/> <i>Individualized Instruction</i> <input type="checkbox"/> <i>Parent Contact</i>	<p style="text-align: center;">Additional Interventions:</p> <input type="checkbox"/> <i>Time Out</i> <input type="checkbox"/> <i>Loss of Privilege</i> <input type="checkbox"/> <i>Conference w/student</i> <input type="checkbox"/> <i>Met with Administrator</i>	<p style="text-align: center;">Other Comments:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

Teacher Signature: _____ **Date:** _____