



OLYMPIA SCHOOL DISTRICT

Elementary Discipline Referral Form

Student Name:

Grade:

IEP 504

Intervention:

Referring Staff:

Date:

Time:

:00

:15

:30

:45

Teacher:

Incident Location

- ☐ Classroom ☐ Playground ☐ Gym ☐ Office ☐ Bathroom ☐ Library
☐ Hallway ☐ Cafeteria ☐ Special Event/Assembly ☐ Other :

Problem Behavior ☐ Major ☐ Minor

Check all that apply and Identify the primary problem behavior:

Minor Problem Behavior	Major Problem Behavior	Possible Motivation	Others Involved
<input type="checkbox"/> Disrespect <input type="checkbox"/> Defiance <input type="checkbox"/> Disruption <input type="checkbox"/> Physical Contact <input type="checkbox"/> Tardy <input type="checkbox"/> Inappropriate Language <input type="checkbox"/> Property Misuse <input type="checkbox"/> Technology Violation <input type="checkbox"/> Other	<input type="checkbox"/> Defiance/Insubordination/Noncompliance (INS) <input type="checkbox"/> Physical Aggression (ALT/ZBI/ZSA) <input type="checkbox"/> Disruption (ZCD) <input type="checkbox"/> Disrespect (DRS) <input type="checkbox"/> Abusive/Inappropriate Language (INL) <input type="checkbox"/> Harassment (Z – HC/HD/HO/HR) <input type="checkbox"/> Bullying (ZBL) <input type="checkbox"/> Property Damage (DPV or DSV) <input type="checkbox"/> Lying/ Cheating <i>circle one</i> (LIO or CHE) <input type="checkbox"/> Theft (ZTH) <input type="checkbox"/> Other	<i>Get</i> <input type="checkbox"/> Peer Attention <input type="checkbox"/> Adult Attention <input type="checkbox"/> Item/Activity <i>Avoid</i> <input type="checkbox"/> Peer Attention <input type="checkbox"/> Adult Attention <input type="checkbox"/> Item/Activity	<input type="checkbox"/> None <input type="checkbox"/> Teacher <input type="checkbox"/> Substitute <input type="checkbox"/> Unknown <input type="checkbox"/> Peers <input type="checkbox"/> Staff <input type="checkbox"/> Other:

Incident Description/Comments:

Action Taken

- | | |
|--|--|
| <input type="checkbox"/> Time Out/Detention
<input type="checkbox"/> Conference with Student
<input type="checkbox"/> Parent Contact,
Date: Time:
<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Certified Mail <input type="checkbox"/> In person | <input type="checkbox"/> Loss of Privileges
<input type="checkbox"/> Individualized Instruction
<input type="checkbox"/> Restitution
<input type="checkbox"/> In-School or Out of School Suspension
<input type="checkbox"/> Other |
|--|--|

Administrator Signature

Date