

North Eugene High School Referral Form

Student _____ Grade _____ Date (Incident) _____ Time (Incident) _____

Student ID # _____ Referring Staff Member _____

Parent Name _____ Parent Notified Date _____ Time _____
 Phone Email Mail In Person

Location: Classroom Library Hallway Cafeteria/Student Lounge Off Campus Other _____

- Violation:** Tier 2 - Handled by Teacher
- Disruptive behavior (classroom disruption)
 - Inappropriate use of language
 - Insubordination (refusal to cooperate w/adults)
 - Theft or vandalism
 - Lying, Cheating (Academic Dishonesty)
 - Pushing/shoving (roughness)

- Tier 3- Handled by Administrator
- Bullying, Hazing and/or Intimidation
 - Fighting or assault (hitting/contact)
 - Harassment (select all that apply)
 - racial sexual personal verbal
 - physical written nonverbal graphic
 - Lying, Cheating or Plagiarism (Academic Dishonesty)
 - Possession, use, or distribution of tobacco, alcohol, illicit drugs, or paraphernalia
 - Possession, use, or threat of a weapon, or combustible item
 - Threat (select that apply) verbal written
 - Theft or vandalism
 - Skipping class, or repeated tardy/late
 - Other _____

Incident Description (without student names)

- Motivation**
- Adult attention Avoid adult
 - Peer attention Avoid peers
 - Gain item or activity Avoid task/activity
 - Other _____

- Previous Interventions Attempted with Student**
 (check all that apply)
- Classroom Time-Out Detention
 - Student/Teacher conference Behavior contract
 - Referral to counselor
 - Parent contact/conference (date/time) _____
 - Other _____

ADMINISTRATIVE ACTION

- Time in office (date/time) _____ Exclusion from activities, privileges/area _____
- Conference with student School detention (date/time/type) _____
- Student/Parent Conference Behavior contract
- Apology notes and/or restitution Referral (select all that apply) SRO DATA team (RST)
- Request expulsion hearing Counselor Nurse Mental Health
- Suspension In-school Out of school Dates of suspension _____
- Other _____

Comments _____

Major Minor

Signature of Administrator _____ **Date** _____

Office use only

Swiss Synergy Date _____

Copies to Office, Referring Staff Member, Student's Parent/Guardian Incident ID _____ Initials _____